



2020 CLV MEMBERSHIP FORM

Name of School

Address for correspondence

Contact Person1 _____ Position _____

Telephone _____ Mobile _____

Contact Person2 _____ Position _____

Telephone _____ Mobile _____

Email _____

Website _____

ABN _____

Language taught _____ Levels offered _____

Number of Locations:

Campus address	No. of Students	Day	Region

If more space required write on the back of this sheet

We require this information for Insurance purposes

Do you offer VCE? YES NO If Yes, number of student enrolled in 2020 _____ **VCAA School Code:** _____

If you own your school premises, how much is your annual estimated cost of upkeep \$ _____

If you rent your school premises, how much is your estimated Rental Cost \$ _____

Total number of rooms used _____

Total number of students _____ Total number of teachers _____

F	G1	G2	G3	G4	G5	G6	Yr7	Yr8	Yr9	Yr10	Yr11	Yr12

Of the qualified teachers how many have teacher qualifications

Australian Trained Primary Teacher Qualifications	Australian Secondary Teacher Qualifications	Overseas Primary Teacher Qualifications	Overseas Secondary Teacher Qualifications
No. of teachers with Australian qualification Other Than Teaching	No. of teachers with overseas qualification Other Than Teaching	No. of teachers who have undertaken ESAV training courses	No. of teachers without qualification

Do you have a Parents Association / School Council? YES NO

Do you agree to have your school information published on the ESAV Website or any other publication? YES NO

Do you authorise ESAV to release your school details? YES NO

Please sign, print name and provide position held

Date _____ Sign _____

Print Name _____ Position Held _____

Membership Fees (\$30.00 a year)