



**2025 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 2025 \_\_\_\_\_ **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 CLV Website or any other publication? YES

Do you authorise CLV 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)**