

# OUT OF BOUNDARY APPLICATION FOR ENROLMENT

Please tick the year you are applying to enrol your child into:

Year 7

Year 8

Year 9

Year 10

Year 11

Year 12

**Personal Details:**

Reason for application:

Childs Surname:	Given names:	Date of Birth:	Gender:
Parent/Carer Surname:	Given names:	Mr/Mrs/Ms	
Residential Address (must be completed):			Postcode:
Home phone:	Mobile no.:		
Work phone:	Email address:		
Name of school the child is currently enrolled in:			

Are there any **court orders** regarding the day-to-day or long-term care, welfare and development of the child?

Yes	No
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Are there any **siblings** currently attending this school?

Yes	No
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Name and year group: \_\_\_\_\_

Is your child currently under **suspension or exclusion** from a school?

Yes	No
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If yes, name of school: \_\_\_\_\_

Is the child subject to any access restrictions?

Yes	No
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\*attach supporting documentation

Are you a permanent resident of Australia?

Yes	No
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If no, please indicate date entered Australia: \_\_\_\_\_

VISA SUB CLASS No. \_\_\_\_\_

**Disability / Medical conditions?**

This information will assist the school principal with considering whether any specific or additional resources are required and available to assist the school with providing the best educational programme for your child. \*supporting evidence is required

Physical disability:

Yes	No
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Intellectual Disability:

Yes	No
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Medical Condition:

Yes	No
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**I declare that the information provided on this form is true.**

Signature of parent / responsible person: \_\_\_\_\_ Date: \_\_\_\_\_

**Office use (notes):**

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