Application for

Out of School Zone Enrolment

Please read the information regarding the Out of Zone Enrolment Procedures available on our website.

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| **A. STUDENT INFORMATION** |
| Family Name:  | Date of birth: |
| Given Names:  | * Male
 | * Female (Tick one)
 |
| Address:   | Home Phone:  |
| Mobile Phone: |
| Work Phone:  |
| Email: |
| Parent/Guardian’s Name:  | Relationship to Student: |
| Current school or care arrangements:  | Current Year/Grade:  |

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| **B. NON-LOCAL SCHOOL PLACEMENT REQUEST** |
| School applied for: Southern Cross Public School | Year/Grade:  |
| Proposed date of enrolment:  |
| Name of local school:  |
| If unsuccessful in application due to insufficient places, would you like to be placed on our school’s waiting list for the remainder of the current school year: Yes/No (please circle) |
| You should contact your local school before we can consider this application. Please advise the date that you contacted your Local school:  |
| Parent/Guardian’s Signature:  | Date: |

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| **C. LOCAL SCHOOL APPROVAL** |
| **Local school - please place school stamp here** | **Principal’s Signature:**  **Date:**  |

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| **D. JUSTIFICATION FOR OUT OF ZONE ENROLMENT** |
| Reasons for Application: (attach any further information that you feel may be relevant)……………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………… |
| Name of parent/guardian:   |
| Parent/Guardian’s Signature:  | Date: |

**Return this form to Southern Cross Public School once finalised.**

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| **E. SCHOOLS USE ONLY** |
| Date received:  | Placement offered: | Parent advised on: |
| OOZ panel notes:OOZ panel chairperson signature:Date: |