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: | | |