



Independent Public School

REQUEST FOR ENROLMENT		OUT OF CATCHMENT		OFFICE USE ONLY	
				YES / NO	
				PRINCIPAL'S SIGNATURE _____	
<b>STUDENT'S NAME:</b>					
<b>CURRENT SCHOOL:</b>					
<b>COMMENCEMENT YEAR:</b>		<b>YEAR LEVEL:</b>			
<b>PARENT/GUARDIAN NAME:</b>					
<b>STUDENT ADDRESS DETAILS:</b>					
<b>TELEPHONE NO:</b>		<b>MOBILE NO:</b>			
<b>DOES YOUR STUDENT IDENTIFY WITH ONE OF THE FOLLOWING GROUPS?</b>					
<ul style="list-style-type: none"> <li>▪ Children and young people who are subject to <u>child protection orders</u> that grant guardianship or custody to the Chief Executive Officer of the Department of Communities, Child Safety and Disability Services (Child Safety Services).</li> </ul>					YES / NO
<ul style="list-style-type: none"> <li>▪ <u>Siblings</u> of current students at the school (excluding siblings of Program of Excellence students).</li> </ul>					YES / NO
<ul style="list-style-type: none"> <li>▪ Students whose parent or legal guardian is employed by the school.</li> </ul>					YES / NO
<ul style="list-style-type: none"> <li>▪ Students who live outside the catchment area and are <u>verified with a disability</u> can enrol in the school to attend the specialised disability program if it is the closest program to their home and meets their individualised needs.</li> </ul>					YES / NO
<ul style="list-style-type: none"> <li>▪ Students who have been excluded from another school, dependent upon the conditions related to the exclusion, subject to agreement of the Regional Director.</li> </ul>					YES / NO
<b>HAVE YOU BEEN ACCEPTED INTO A PROGRAM OF EXCELLENCE? (Please provide proof of acceptance)</b>					
<ul style="list-style-type: none"> <li>▪ Music</li> </ul>					YES / NO
<ul style="list-style-type: none"> <li>▪ Italian</li> </ul>					YES / NO
<ul style="list-style-type: none"> <li>▪ Surfing</li> </ul>					YES / NO
<b>FURTHER INFORMATION:</b>					