



APPLICATION FOR ENROLMENT

APPLICANT DETAILS						
STUDENT NAME						
CURRENT SCHOOL						
STUDENT ADDRESS						
PARENT/CARER NAME						
PARENT/CARER PHONE						
PARENT/CARER EMAIL						
FINANCIAL RESPONSIBILITY						
OFFICE USE ONLY						
CATCHMENT	<input type="checkbox"/> YES	<input type="checkbox"/> NO	STAFF VERIFIED			
SIBLING	<input type="checkbox"/> YES	<input type="checkbox"/> NO				
DATE APPLICATION RECEIVED	___/___/___		RECEIVED BY			
YEAR LEVEL	<input type="checkbox"/> 7	<input type="checkbox"/> 8	<input type="checkbox"/> 9	<input type="checkbox"/> 10	<input type="checkbox"/> 11	<input type="checkbox"/> 12
YEAR OF ENROLMENT	<input type="checkbox"/> 2024		<input type="checkbox"/> 2025		<input type="checkbox"/> 2026	
ENROLMENT INTERVIEW	DATE: ___/___/___		WITH:		COMPLETED <input type="checkbox"/>	
ENROLMENT START DATE	___/___/___					