



ABERMAIN PUBLIC SCHOOL
Safe, Respectful Learners

OUT OF AREA ENROLMENT APPLICATION

Enrolment Application for Term ____, 20__ in Year ____

STUDENT DETAILS:

Student First Name:..... Surname:

DOB:/...../.....

Age:

Gender: Male/Female

Address:

.....Suburb: Post Code:

Local/Current School:

Contacted: YES/NO

Pre-School:

☐

Special Needs

☐

Funding Support

☐

Aboriginal/Torres Strait Islander

Intended start date:/...../.....

PARENT/CARER DETAILS:

Parent Name/s:

Contact No: (h) (w) (mobile)

Reason for application to Abermain Public School:

.....
.....

PRINCIPAL:

☐

Previous School/Pre-school contacted

☐

Parent/Carer contacted

☐

Interview organised -/...../.....

Out of Zone Enrolment has been:

☐

Accepted

☐

Declined

☐

Added to waiting list – Year

Agreed start date:/...../.....

Reason for decline/waiting list:

Authorised by: Dated:/...../.....