



APPLICATION FOR NON-LOCAL ENROLMENT

Enrolment Application for Term \_\_\_\_\_ 20\_\_\_\_\_. Into Grade\_\_\_\_\_

STUDENTS DETAILS:

Family Name: \_\_\_\_\_ Date of Birth: / /  
Given Names: \_\_\_\_\_ Present Age: \_\_\_\_\_  
Address: \_\_\_\_\_ Male  Female   
\_\_\_\_\_ Post Code: \_\_\_\_\_ Present Grade: P K 1 2 3 4 5 6

Local/Current School: \_\_\_\_\_

Reason/s for Application to St Peters Public School:  
\_\_\_\_\_  
\_\_\_\_\_

Proposed Date of Enrolment: \_\_\_\_\_

GENERAL INFORMATION:

Siblings: Older: Yes / No Ages: \_\_\_\_\_  
Younger: Yes / No Ages: \_\_\_\_\_

Specific Needs : \_\_\_\_\_  
\_\_\_\_\_

Special Needs (health, disability): \_\_\_\_\_

Name of Applicant: \_\_\_\_\_ Parent / Guardian

Contact Details of Applicant: Mobile: \_\_\_\_\_ Other: \_\_\_\_\_

Email Details of Applicant: \_\_\_\_\_

FOR KINDERGARTEN APPLICANTS:

Pre- School: \_\_\_\_\_ Days and Times: \_\_\_\_\_

**SCHOOL USE ONLY**  
Date Received: \_\_\_/\_\_\_/\_\_\_ DET Enrolment Form received: Yes / No  
Kinder / School enrolment pack provided Yes / No  
PANEL RECOMMENDATION.....Yes / No  
Reason: \_\_\_\_\_  
Principal: \_\_\_\_\_  
Parents Advised by: \_\_\_\_\_ Date: \_\_\_\_\_