

APPENDIX A

NEWTOWN PUBLIC SCHOOL Application for non-local enrolment

Student Information

Family Name: _____ Date of Birth: ____/____/____

Given Name(s): _____ Gender: _____

Address: _____

Suburb: _____ Postcode: _____

Home Phone: _____ Work Phone: _____

Mobile Phone: _____

Parent/carer name: _____

Relationship to student: _____

Current school: _____

Current scholastic year (K-12): _____

Non-local school placement request

Proposed scholastic year (K-6): _____ Proposed date for enrolment: ____/____/____

Please provide reasons for your application for non-local enrolment, based on the school's selection criteria as listed on page 7, section 3.1 of this document and attached supporting documentation: _____

Signature of parent/carer: _____

Date: ____/____/____

School use only

Date received: ____/____/____ Places available: _____

Parents advised on: ____/____/____

Designated local school: _____

Notes: _____



Education
Public Schools

