

Please tick which priority applies:

Priority One:

Priority Two:

Priority Three:

Priority Four:

PARNELL DISTRICT SCHOOL

APPLICATION FOR OUT OF ZONE ENROLMENT 2019

Out of zone applications for enrolments will be accepted for 2019 school year. Applications open 5 September 2018 and close on 17 October 2018, ballot will be held on 24 October 2018. Applicants will be informed of the decision within five days of the ballot. If this application is successful, there will be further enrolment procedures to complete.

Not applicable to Parnell School

Child of a former student of the school

Siblings of current students

Siblings of former students

□ Priori	ty Five:	Children of Board emplo	yees or members			
□ Priori	ty Six:	Other applicants				
A separate application form is to be completed for each child applying.						
Full Name of Child:				Male / Female		
Address of Child:						
Date of Birth:						
Father's Name:						
Address:						
Occupation:						
Phone Nos:	Home		Business			
Mother's Nar	me:					
Address:						
Occupation:						
Phone Nos:	Home	E	Business:			
Other Caregiver's name and Address:						
Phone Nos:	Home		Business:			
Present/ Previous School(s) or Preschool(s):						

Present year level:						
Please state any medical or behavioural condition that may affect your child's learning or wellbeing at this School.						
Has your child had any help from outside organisations eg. Speech language therapist, Special Education Services.						
Name and date of Birth of other younger children in family.						
Name of any other children attending Parnell School at present:						
Surname:	First Name:					
Surname:	First Name:					
Surname:	First Name:					
List any interest, sports, activities this child is involved in:						
Please state how this child will be brought to and from school each day:						
Outline any special affinity you or your family has with Parnell School:						
I certify that the information provided on this application is to the best of my knowledge correct. I understand that details may be verified. I agree to the School contacting any one I have listed in this application.						
Applicant's Signature:	Date:					