

ST JOHNS HILL SCHOOL OUT OF ZONE APPLICATION FORM FOR ENROLMENT

STUDENT DETAILS Family Name ----- First Names: ----- Address: ----- Names of Members of Family likely to be attending this school in the future: ----- ----- DOB: ----- DOB: -----	BOY / GIRL Birthdate: / / ----- Previous Pre-School/School: ----- Current Class / Year Level ----- Ethnic Group ----- Home Language ----- -----
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PARENT / CAREGIVER			
Title	Family Name	First Name	Relationship to Pupil
Residential Address (if different from student)			Phone:

Title	Family Name	First Name	Relationship to Pupil
Residential Address (if different from student)			

Name/s of Legal Guardian/s:			

Please indicate by ticking the appropriate box which of the categories listed relate to your child:

Sibling of current student:	<input type="checkbox"/>	Name: _____	Year Level _____
Sibling of former student:	<input type="checkbox"/>		
Child of board employee:	<input type="checkbox"/>		
Other: (please describe)	<input type="checkbox"/>		

DECLARATION:

I understand that this application for enrolment of an out of zone student is subject to the conditions of the St Johns Hill School Enrolment Scheme.

I am aware that if roll numbers indicate out of zone positions are available, allocation will be by ballot.

Signed: _____ Date: _____

For Office Use:

Date of Ballot: _____	Successful <input type="checkbox"/>	Unsuccessful <input type="checkbox"/>
	Date of enrolment: / /	

Date of Ballot: _____	Successful <input type="checkbox"/>	Unsuccessful <input type="checkbox"/>
	Date of enrolment: / /	
