

# Out-of-catchment Enrolment

## Prep 2025

Eagle Junction State School



Date completed: \_\_\_\_\_

<i>Please include younger siblings not yet of school age:</i>	Given Names	Surname	DOB	Yr Level
<b>Child 1</b> <input type="checkbox"/> Male <input type="checkbox"/> Female				
<b>Child 2</b> <input type="checkbox"/> Male <input type="checkbox"/> Female				
<b>Child 3</b> <input type="checkbox"/> Male <input type="checkbox"/> Female				
Mother's Name:	Work:	Home:	Mobile:	
	Email:			
Father's Name:	Work:	Home:	Mobile:	
	Email:			
Student's Home Address:				
Are you currently enrolled at another school? YES <input type="checkbox"/> NO <input type="checkbox"/>				
School's Name & Address: _____				
Current Year Level: _____				
Reason for Application: _____ _____ _____				
Parent Signature: _____ Date: _____				
<b>Please Note:</b> The completion of this form or submission of enrolment documents <b>DOES NOT CONFIRM</b> that your child is automatically enrolled at <b>Eagle Junction State School</b> .				
<b>OFFICE USE ONLY</b> <b>ACTION:</b> Date Received: _____ Staff: _____				