

Out-of-catchment Enrolment

Eagle Junction State School



Date completed: _____

<i>Please include younger siblings not yet of school age:</i>	Given Names	Surname	DOB	Yr Level
Child 1 <input type="checkbox"/> Male <input type="checkbox"/> Female				
Child 2 <input type="checkbox"/> Male <input type="checkbox"/> Female				
Child 3 <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: _____				
Please Note: The completion of this form or submission of enrolment documents DOES NOT CONFIRM that your child is automatically enrolled at Eagle Junction State School .				
OFFICE USE ONLY ACTION: Date Received: _____ Staff: _____				