



Application for Out of Area Enrolment

Please return this form to Forestville Public School with any relevant material to support your application

Family Name	Date of Birth
Given Name	Male <input type="checkbox"/> Female <input type="checkbox"/>
Address Post Code	Home Phone Work Phone
Parent/Guardian Full Name	Relationship to Student
Present School (if applicable)	What is your local school?

IS THIS YOUR FIRST CHILD TO ATTEND SCHOOL YES NO

IF NO, PLEASE PROVIDE DETAILS OF OTHER CHILDREN

NAME	DATE OF BIRTH	SCHOOL	YEAR

NON – LOCAL SCHOOL PLACEMENT REQUEST

Present Year (K-6)	Proposed date of enrolment
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Reason(s) for application

I have also sought placement at the following non-local school(s)

Signature _____

Date _____

OFFICE USE ONLY

Date received: _____ Place available: _____ Parent advised : _____