



OUT OF ZONE APPLICATION

PLEASE NOTE:

Please complete this form in addition to the Registration of interest form.

In order for your child to be considered for enrolment, registrations must include all supporting personal and proof of residency documentation (details on our website) and can be posted or emailed to dl.0457.enrolments@schools.sa.edu.au

If your child's registration is successful you will be asked to complete a school Enrolment Form after you have received confirmation of their successful enrolment.



Student Personal Details

Family Name:

Given Names:

Preferred Name:

Year Level:

Date of Birth:

Information that may support your application

Please detail the reason/s for seeking placement at Walkerville Primary School

<input type="checkbox"/> Distance of our home to the school (km by road)	Details: <input type="text"/>
<input type="checkbox"/> Social or family links to the school	Details: <input type="text"/>
<input type="checkbox"/> Specific curriculum requirements	Details: <input type="text"/>
<input type="checkbox"/> Transport and locality convenience	Details: <input type="text"/>

Other Information

Compelling or extenuating circumstances which prohibit your child from attending their local school:

Additional Information:

Parent / Guardian Signatures

by signing this form you certify that all information given is true and accurate

Signature of Biological Parent 1 / Legal Guardian 1:

Date:

Signature of Biological Parent 2 / Legal Guardian 2:

Date:

PLEASE ENSURE YOU ATTACH ALL THE REQUIRED DOCUMENTS TO COMPLETE THE REGISTRATION OF INTEREST FOR ENROLMENT

WALKERVILLE PRIMARY SCHOOL OFFICE USE ONLY –

Notes: _____

Date received: