

OUT OF ZONE INTEREST FORM



DATE

PARENT / CAREGIVER NAME: _____

PARENT / CAREGIVER NAME: _____

ADDRESS: _____

PHONE: _____ (HOME) _____ (WORK)

_____ (MOBILE)

NAME/S OF STUDENT/S

DATE OF BIRTH

CURRENT YEAR LEVEL

PRESENT SCHOOL / KINDERGARTEN: _____

IF NOT YET ATTENDING SCHOOL, WHAT ARE YOUR REASONS FOR ATTENDING THIS SCHOOL?

IF STUDENT ALREADY ATTENDS SCHOOL, WHY ARE YOU SEEKING TO ENROL AT REIDY PARK PRIMARY SCHOOL?

HAVE YOU DISCUSSED THE ABOVE WITH YOUR CURRENT SCHOOL? _____

IF YES, WITH WHOM DID YOU DISCUSS THE ISSUES AND WHEN? _____

ENTRY SOUGHT FOR TERM _____, 20____.

SIGNED: _____ (PARENT / CAREGIVER)

SCHOOL USE ONLY

- ACKNOWLEDGED
- SPACE AT YEAR LEVEL?
- OUTCOME