

Lindfield Public School

Application for Non-Local Enrolment



Please forward this form to the principal of the non-local primary school at which you are seeking placement.

Student Information:

FAMILY NAME:	DOB: / /
GIVEN NAME:	GENDER: M / F
PREFERRED NAME:	
ADDRESS:	
SUBURB:	POSTCODE:

Parent/Carer Information:

FAMILY NAME:	RELATIONSHIP TO STUDENT:
GIVEN NAME:	
HOME PHONE:	MOBILE:
EMAIL:	

Non-local School Placement Request:

Is your child currently enrolled at another School? YES / NO

If YES which School: _____ Scholastic Year: _____

Proposed Scholastic Year (K-6): _____ Proposed date for enrolment: ___/___/___

Please provide reasons for your application for non-local enrolment and attach supporting documentation.

Signature of parent / carer: _____ Date: ___/___/___

School use only

Date Received: / /	Places Available:
Parents Advised: / /	Advised by:
Designated Intake School:	
Notes:	