

Expression of Interest for Out of Catchment Enrolment (please complete one form per child)

Woree State School is governed by an Enrolment Management Plan which sets out the conditions under which a student may be enrolled. Full details are available at our website www.woreess.eq.edu.au This form MUST be completed & submitted to the school office or emailed to info@woreess.eq.edu.au for consideration of out of catchment enrolment. ***Please attach your child/ren’s most recent report card to the application.** Applications will not be accepted without this.

STUDENT NAME: (as stated on Birth Certificate)			
PREFERRED STUDENT NAME: (if different)			
Additional Siblings seeking enrolment: Name: _____ Name: _____ Name: _____ (please complete a separate application for each student leaving the ‘statement’ section blank for all subsequent children)	Year level of applicant: _____	<input type="checkbox"/> Male <input type="checkbox"/> Female	Date of Birth: ___/___/___
	Has the student previously been enrolled at Woree State School? <input type="checkbox"/> Yes <input type="checkbox"/> No		
School currently enrolled at or most recently attended school: _____ Other schools attended (list all): _____			
Proposed start date ___/___/___ (please provide the proposed starting date for the student)			
PARENT/CARER NAME:			Relationship to student:
Residential Address:			
Phone No.:	Email:		
<p>Out of catchment applications will be considered on a case by case basis.</p> <p>Applicants seeking out of catchment enrolment entry to the school are required to provide a statement (Max 200 words) stating the reasons you seek enrolment at Woree State School.</p> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/>			
Please turn over and complete next page			



Please provide the following information accurately:

Does the child have any medical conditions? No Yes. If yes, please provide documentation if available:

Has your child ever been assessed or referred for Speech assessment Paediatric Vision assessment
 Occupational Therapist Any other health service (please specify)

Does your child receive NDIS funding or support? No Yes If yes, please provide further information _____

Name: _____ Signature: _____ Date: _____

Please note: Being offered an interview, does not guarantee enrolment. Parents/guardians will be advised via phone following the interview as to the success of the application.

OFFICE USE ONLY DATE RECORDED: _____ PHONED & INITIAL: _____

INTERVIEW: Yes No

REASON: _____