

OUT OF ZONE

Expression of Interest for Talara Primary College

2024

Date:				
	Given names	Surname	D.O.B.	Yr Level
Student 1				
□ Male				
☐ Female	_			
Student 2 Male				
□ Female				
Student 3				
□ Male				
Female				
Mother's Name:	Work:	Home:	Mobile:	
			Email:	
Fathers' Name:	Work:	Home:	Mobile:	
			Email:	
Student's			Lilialii	
Home Address:				
Are you currently enrolled	d at another school?	YES	1 a	NO 🗌
School's Name & Addres	es:			
ochoors Name & Addres	·			
Current Year Level:				
Reason for Application:				
Parent Signature:		Date:		
PLEASE NOTE: THIS IS AN EXPRESSION OF INTEREST ONLY.				
It is essential to the proceplaced on our "Out of Zon	ess that you complete this ne" waiting list.	proforma and lodge it a	at the school administrat	ion if you wish to be
	The co	mpletion of this form	n	
		ES NOT CONFIRM		
that	your child is automatic		alara Primary College	е.
Thank you.				
Thum you.				
OFFICE USE ONLY ACTION:				
DATE		OFFICER		
FOLLOW UP BY WHOM				