



OUT OF CATCHMENT

EXPRESSION OF INTEREST FOR TALARA PRIMARY COLLEGE

This form is an expression of interest only. Completion of this form **does not** guarantee enrolment into Talara Primary College. All out of catchment applications are dependent on whether capacity exists in accordance with the criteria outlined in the School Enrolment Management Plan (EMP).

Please provide the following documentation with your application:

- A copy of the child's most recent report card
- Any other documentation you may wish to provide so we may best support your child

Student Name:		Year Level for enrolment:	
Date of Birth:		Male <input type="checkbox"/>	Female <input type="checkbox"/>
Current School:		Current Year Level:	
Intended Start Date:			
Support Requirements	Learning Difficulty <input type="checkbox"/>	English as second language <input type="checkbox"/>	Guidance Officer <input type="checkbox"/>
	Individual Curriculum/Personalised Learning <input type="checkbox"/>	Any other support/needs not listed:	

Student Name:		Year Level for enrolment:	
Date of Birth:		Male <input type="checkbox"/>	Female <input type="checkbox"/>
Current School:		Current Year Level:	
Intended Start Date:			
Support Requirements	Learning Difficulty <input type="checkbox"/>	English as second language <input type="checkbox"/>	Guidance Officer <input type="checkbox"/>
	Individual Curriculum/Personalised Learning <input type="checkbox"/>	Any other support/needs not listed:	

Parent/Carer 1 Details

Parent/Carer 2 Details

Please ensure 'Parent/Carer 1' is who the child resides with at their principal place of residence. Until the child has commenced, this parent/carer will receive all correspondence and invoices.

Parent/Carer:	Mr/Mrs/Ms	Mr/Mrs/Ms
Home address:		
Mobile no:		
Email address:		

Reason for Out of Catchment Enrolment Form:

Parent/Guardian Signature:

Date:

Note that your application will not proceed until we have received all required supporting documents

OFFICE USE ONLY	POSITION ON WAIT LIST:
Date Enrolment Request Received:	
Staff Member Accepting Request:	
School Catchment of Residential Address:	
Exemption Type:	<input type="checkbox"/> Exclusion <input type="checkbox"/> DOCs <input type="checkbox"/> Sibling <input type="checkbox"/> Staff <input type="checkbox"/> Other Notes: _____ _____
Exemption Granted by Principal:	<input type="checkbox"/> Yes <input type="checkbox"/> No Reason: _____ _____ _____ Date: Kristy Walton A/Principal

Parent Notified of Decision:	<input type="checkbox"/> Phone Date:
	<input type="checkbox"/> Email Date:
	<input type="checkbox"/> Letter Date: