



OUT OF ZONE

Expression of Interest for Talara Primary College 2025

Date:.....

	Given names	Surname	D.O.B.	Yr Level
Student's 1 <input type="checkbox"/> Male <input type="checkbox"/> Female				
Student's 2 <input type="checkbox"/> Male <input type="checkbox"/> Female				
Student's 3 <input type="checkbox"/> Male <input type="checkbox"/> Female				
Mother's Name:	Work:	Home:	Mobile:	
			Email:	
Fathers' Name:	Work:	Home:	Mobile:	
			Email:	
Student's Home Address:				

Are you currently enrolled at another school?

YES

NO

School's Name & Address: _____

Current Year Level: _____

Reason for Application: _____

Parent Signature: Date:

PLEASE NOTE:

THIS IS AN EXPRESSION OF INTEREST ONLY.

It is essential to the process that you complete this proforma and lodge it at the schools administration is you wish to be placed on our "Out of Zone" waiting list.

**The completion of this form
DOES NOT CONFIRM
that your child is automatically enrolled at the Talara Primary College.**

Thank you.

**OFFICE USE ONLY
ACTION:**

DATE _____ OFFICER _____

FOLLOW UP _____ BY WHOM _____