



MAROUBRA JUNCTION PUBLIC SCHOOL
APPLICATION for OUT OF AREA ENROLMENT

CHILD'S FAMILY NAME _____ FIRST /GIVEN NAME _____

SECOND /GIVEN NAME _____ DATE OF BIRTH _____

ADDRESS _____

NAME OF PARENT/CARER 1 _____ RELATIONSHIP TO CHILD _____

NAME OF PARENT/CARER 2 _____ RELATIONSHIP TO CHILD _____

CONTACT TELEPHONE NUMBER/S _____

LANGUAGES SPOKEN AT HOME _____

STUDENT'S RESIDENCY STATUS (please circle):

AUSTRALIAN CITIZEN

PERMANENT RESIDENT

TEMPORARY VISA HOLDER

CURRENT CHILD CARE CENTRE _____

PLEASE STATE BELOW YOUR REASON/S FOR REQUESTING AN OUT OF AREA PLACEMENT AT MAROUBRA JUNCTION PUBLIC SCHOOL (for assistance, see the school enrolment policy on the school website):

I declare that the information provided in this application is to the best of my knowledge, accurate and complete.

Signature of Parent/Carer _____ Date _____