



ERSKINEVILLE PUBLIC SCHOOL

Malcolm Street

Erskineville NSW 2043

T: 02 9557 5206

F: 02 9550 4593

E: erskinevil-p.school@det.nsw.edu.au

W: www.erskinevil-p.schools.nsw.edu.au

APPLICATION FOR OUT OF AREA ENROLMENTS

Student's family name:	Date of birth: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/>
Given name:	
Parent/Carer name:	Relationship to student:
Address:	Phone (Home):
	Mobile:
	Email:
Present school:	Proposed year/grade for enrolment (K-6)
Present year/grade (K-6):	Intended start date: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/>
Reason for application (<i>please attach further pages if required</i>):	
Signature:	Date:

OFFICE USE ONLY

Date received: <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/>	Place available: _____	Parent advised on: <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/>
--	------------------------	--