

**ST JOHNS HILL SCHOOL
OUT OF ZONE APPLICATION FORM FOR ENROLMENT**

<p>STUDENT DETAILS</p> <p>Family Name _____</p> <p>-----</p> <p>First Names: _____</p> <p>-----</p> <p>Address: _____</p> <p>-----</p> <p>Names of Members of Family likely to be attending this school in the future:</p> <p>_____ DOB: _____</p> <p>_____ DOB: _____</p>	<p style="text-align: center;">BOY / GIRL</p> <p>Birthdate: / /</p> <p>-----</p> <p>Previous Pre-School/School: _____</p> <p>-----</p> <p>Current Class / Year Level _____</p> <p>-----</p> <p>Ethnic Group _____</p> <p>-----</p> <p>Home Language _____</p> <p>-----</p>
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PARENT / CAREGIVER			
Title	Family Name	First Name	Relationship to Pupil
Residential Address (if different from student)			Phone:
Email Address _____			
Title	Family Name	First Name	Relationship to Pupil
Residential Address (if different from student)			
Email Address _____			

Please indicate by ticking the appropriate box which of the categories listed relate to your child:

Sibling of current student:	<input type="checkbox"/>	Name: _____	Year Level _____
Sibling of former student:	<input type="checkbox"/>		
Child of former student:	<input type="checkbox"/>		
Child of board employee:	<input type="checkbox"/>		
Other: (please describe)	<input type="checkbox"/>		

DECLARATION:

I understand that this application for enrolment of an out of zone student is subject to the conditions of the St Johns Hill School Enrolment Scheme.

I am aware that if roll numbers indicate out of zone positions are available, allocation will be by ballot.

Signed: _____ Date: _____

For Office Use:

Date of Ballot:	Successful <input type="checkbox"/>	Unsuccessful <input type="checkbox"/>
	Date of enrolment: / /	
Date of Ballot:	Successful <input type="checkbox"/>	Unsuccessful <input type="checkbox"/>
	Date of enrolment: / /	