

Alexandria Park Community School

A Caring Learning Environment



Application for Out of Area Enrolments

Student's family name:	Date of birth: ____/____/____
Given name:	Nationality of student:
Parent / carer name:	Phone (home):
Address:	Mobile:
	Email:
	Proposed Year for enrolment:
Current school:	Current Year:
Reason for application (please attach further pages if required):	
Signature:	Date:

Office use ONLY

Date received: ____/____/____	Date of panel meeting: ____/____/____
Place available:	Parent advised on: ____/____/____

