Alexandria Park Community School
A Caring Learning Environment

Application for Out of Area Enrolments	
Student's family name:	Date of birth: _____/_____/_____
Given name:	Relationship to 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: _____/_____/_____