



Application for Non-local Enrolment

Student Information

Family Name: _____ Date of Birth: ____/____/____

Given Name(s): _____ Gender: _____

Address: _____

Suburb: _____ Postcode: _____

Phone: _____ Email: _____

Parent/carer name: _____

Relationship to student: _____

Current school: _____

Current scholastic year (K-12): _____

Non local school placement request

Proposed scholastic year (K-12): _____ Proposed date for enrolment: ____/____/____

Please provide reasons for your application for non-local enrolment, based on the school's selection criteria published at <https://sylvaniaht-p.schools.nsw.gov.au/about-our-school/enrolment.html> and attach supporting documentation:

Signature of parent/carer: _____ Date: ____/____/____

School use only

Date received: ____/____/____ Places available: _____ Parents advised on: ____/____/____

Designated local school: _____

Notes: _____