



# Craigslea State High School

## Out of Catchment Area



### Expression of Interest for Student Enrolment: Years 7 to 12

Please complete a **separate form for each student** in the family. Indicate the **number of separate student** applications: \_\_\_\_\_

Student Name: \_\_\_\_\_ Male  Female  Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Current School: \_\_\_\_\_ EOI for Year Level: \_\_\_\_\_ Commencing in 20\_\_\_\_

1. Parent/Caregiver Details: (Student Resides With)	2. Parent/Caregiver Details:
Name: _____	Name: _____
Address: _____	Address: _____
_____ Post Code: _____	_____ Post Code: _____
Home Phone: _____ Mobile: _____	Home Phone: _____ Mobile: _____
Workplace: _____	Workplace: _____
Work Phone: _____	Work Phone: _____
Email: _____	Email: _____

**Please tick the relevant box which relates to this Student's application and attach a copy of the information required.**

*If you were **BORN** in Australia –*

Copy of your Student's Birth Certificate and latest School Report

*If you were **NOT BORN** in Australia and **DO** have Australian Citizenship –*

Copy of Student Passport with Date of Arrival Stamp, Copy of Student Visa and a copy of latest School Report

*If you were **NOT BORN** in Australia and **DO NOT** have Australian Citizenship –*

Copy of Student Passport with Date of Arrival Stamp, Copy of Student Visa and a copy of latest School Report

**Note that your Application will NOT proceed until we have received all of the above information**

**Please supply a COPY of your Student's latest NAPLAN Report for Grades 5, 7 or 9 AND most recent School Report**

Verified Disability						
ID <input type="checkbox"/>	HI <input type="checkbox"/>	VI <input type="checkbox"/>	SLI <input type="checkbox"/>	ASD <input type="checkbox"/>	PI <input type="checkbox"/>	Other _____
						<b>Please supply VERIFIED Evidence</b>

**Proof of Address:**

Please supply Proof of Address by **current** Utility Bill, Rental Agreement.

Sibling at the School:  
Brother / Sister Name: \_\_\_\_\_ Year First Enrolled: \_\_\_\_\_ Year Levels Completed: \_\_\_\_\_

Parent/Caregiver Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Office Use Only – Please do not write in this Space

EOI Accepted: Yes  No  Deputy Principal's Signature: \_\_\_\_\_

Acknowledgement Sent: \_\_\_\_/\_\_\_\_/\_\_\_\_ (Sign: \_\_\_\_\_) Enrolment Pack Sent: \_\_\_\_/\_\_\_\_/\_\_\_\_ (Sign: \_\_\_\_/\_\_\_\_/\_\_\_\_)

Decline Letter Sent: \_\_\_\_/\_\_\_\_/\_\_\_\_ (Sign: \_\_\_\_\_)

Waitlist Sent: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Time: \_\_\_\_\_ (Sign: \_\_\_\_/\_\_\_\_/\_\_\_\_)