



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/Guardian Details: (Child Resides With)	2. Parent/Guardian 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 child's application and attach a copy of the information required.

If you were **BORN** in Australia –

☐ Copy of your child's birth certificate and latest school report

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

☐ Copy of your passport, visa with date of arrival stamp and a copy of latest school report

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

☐ Copy of your passport, visa with date of arrival stamp 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 child'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

Proof of Residency:

Please supply proof of residency by Electrical Account, Rental Agreement, Rental Bond receipt or Registration on a State or Federal Electoral Roll.

Schools of Excellence – (Separate Application Form Required)

☐ Excellence in Science

☐ Signature Music

☐ Craigslea Volleyball Academy

Sibling at the School:

Brother / Sister Name: _____ Year First Enrolled: _____ Year Levels Completed: _____

Parent/Guardian 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: _____)
Enrolment Appointment made with: _____ Date: ____/____/____ Time: _____ (Sign: ____/____/____)