

APPLICATION FOR OUT OF ZONE ENROLMENT 2025

Out of zone applications for enrolments will be accepted for 2025 school year. Applications open Monday, 2 September 2024 and close on 15 October 2024, ballot will be held on Wednesday, 23 October 2024. Applicants will be informed of the decision within five days of the ballot. If this application is successful, there will be further enrolment procedures to complete.

Please tick which priority applies:

- Priority One: Not applicable to Parnell School
- Priority Two: Siblings of current students
- D Priority Three: Siblings of former students
- D Priority Four: Child of a former student of the school
- D Priority Five: Children of Board employees or members
- Priority Six: Other applicants

A separate application form is to be completed for each child applying.

Full Name of Child:	Gender: Male / Female
Address of Child and Family:	
Date of Birth:	
Father's Name:	
Email Address:	
Occupation:	
Phone Nos: Home	Business
Mother's Name:	
Email Address:	
Occupation:	

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Please state any medical or behavioural conc School.	lition that may affect your child's learning or wellbeing at this	
Has your child had any help from outside organisations eg. Speech language therapist, Special Education Services.		
Name of current school your child is attending:		
Name and date of Birth of other younger children in family.		
Name of any other children attending Parnell School at present:		
Surname:	_ First Name:	
Surname:	_ First Name:	
Surname:	_ First Name:	
List any interest, sports, activities this child is involved in:		
Please state how this child will be brought to and from school each day:		
Outline any special affinity you or your family has with Parnell School:		
Please note that if the child on this application is accepted for entry into our school this does not guarantee acceptance of any siblings in future years.		
I certify that the information provided on this application is to the best of my knowledge correct. I understand that details may be verified. I agree to the School contacting any one I have listed in this application.		
Applicant's Signature:	Date:	

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