



Out of Area Enrolment Form

Child's Name: _____ Date of Birth: _____
Parent Name: _____ Contact Phone: _____
Email Address: _____
Postal Address: _____
_____ Post Code: _____

Current School (if applicable): _____

Special Needs (if applicable): _____

Reasons for wanting to enrol at Glenmore Road Public School (you may include such factors as siblings, before and after school supervision, specialised programs, compassionate reasons, work locally):

Office Use Only:

Committee Decision: Approve/Not Approved- Date of Meeting: _____

Reasons for Decision:

