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| Warrigal Road State School  Out of Catchment Expression of Interest | | | | | | | |
| Thank you for your interest in enrolling at Warrigal Road State School. Our school has an Enrolment Management Plan in place, and our ability to accept students who live outside our catchment area is subject to:   * Capacity once all in-catchment enrolments are met * Sufficient places for students who relocate into our catchment throughout the year * Out of catchment enrolments do not reduce our capacity to meet in-catchment enrolments   To ensure the process is equitable, all applications will be recorded in order of receipt, including date and time.  Once completed, please email the completed application to [enrolments@warrigalroadss.eq.edu.au](mailto:enrolments@warrigalroadss.eq.edu.au)  **ALL OUT OF CATCHMENT APPLICANTS ARE ADVISED TO ENROL IN THEIR CATCHMENT SCHOOL.**  Limit your application to this page only. Videos, photos and other attachments are not required in the EOI. | | | | | | | |
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| **EPRESSION OF INTEREST INFORMATION** | | | | | | | |
| This Expression of Interest is for:   * Prep for next year * Immediate start date (when space is available) * Beginning of next term * Other year level(s) for next year   Note: EOIs will not be accepted for proposed enrolments over 12 months in advance | | | | | | | |
| **STUDENT DETAILS** | | | | | | | |
| **Surname** | **Given names** | | **Date of Birth** | | **Year level applying for** | | **Current school/**  **Early Learning Centre** |
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| **Parent/Guardian 1** | | | | **Parent/Guardian 2** | | | |
| Surname | |  | | Surname | |  | |
| Given name | |  | | Given name | |  | |
| Address | |  | | Address | |  | |
| Mobile number | |  | | Mobile number | |  | |
| Email address | |  | | Email address | |  | |
| Resides with student | | Yes/No | | Resides with student | | Yes/No | |
| If No, student residential address | |  | | | | | |
| Reason for wanting to enrol your child/ren at Warrigal Road State School | |  | | | | | |
| Has your child accessed any external agency or allied health provider (eg paediatrician, speech therapy, occupational therapy) | |  | | | | | |
| Additional information for the school to be aware of | |  | | | | | |
| PREP ENROLMENTS ONLY  Does your child attend a Pre-Prep/Kindy program? Yes/No | | Name of Pre-Prep/Kindy provider | | | | | |
| Do you give permission for the school to contact the Kindy for further information about your child? Yes/No | | | | | |

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| I/We understand the following processes for this application: | Please tick (✓) |
| This is an Expression of Interest Application for Out of Catchment enrolment, and **not** an Enrolment Form |  |
| I/we will only be contacted by Warrigal Road State School if an out of catchment vacancy becomes available |  |
| This application will remain on the waiting list until school commences for the following year or you email us to advise you are withdrawing your EOI. |  |
| Parent Signature(s) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ | |