

# Brookby School Out of Zone Enrolment Application Form



Family Name \_\_\_\_\_

First Name \_\_\_\_\_

D.O.B \_\_\_\_\_

Additional Sibling/s \_\_\_\_\_

D.O.B \_\_\_\_\_

Address \_\_\_\_\_

Home Phone Nbr \_\_\_\_\_

Year level (enrolling year) \_\_\_\_\_

School currently attending (if applicable) \_\_\_\_\_

Previous history with Brookby School \_\_\_\_\_  
(E.g. siblings/family members/friends)

Parent/Guardian Details \_\_\_\_\_

Email address \_\_\_\_\_

Phone contacts \_\_\_\_\_

Health or relevant learning information/needs \_\_\_\_\_

\_\_\_\_\_

Date \_\_\_\_\_ Parent/Guardian Signature \_\_\_\_\_

<p><u>Office use only:</u></p> <p><b>Date received:</b> _____</p> <p><b>Priority:</b> _____</p> <p><b>Accepted: Yes/No</b></p> <p><b>Place on waitlist:</b> _____</p> <p><b>Ballot Date:</b> _____</p>
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