



OUT OF CATCHMENT

Student Enrolment

Expression of Interest

Please complete this form if you are seeking enrolment (Prep-Year 6) from outside the school's catchment.

All children in your family can be added to the same form below.

An exemption applies to all family members even if they are not yet school age or born.

Please send the completed form to enrolment@chevallumss.eq.edu.au.

We will confirm receipt and place you on our wait list for consideration.

To check if your home address is within our catchment area, go to <http://www.qgso.qld.gov.au/maps/edmap/>

Name of Student: _____ Male Female Date of Birth: _____

Current or Previous School: _____ Applying for Year Level: ____ Commencing in: 202__.

Parent/Carer 1 Details: (child resides with)*	Parent/Carer 2 Details:
Name: _____	Name: _____
Address: _____	Address: _____
Suburb: _____ Post Code: _____	Suburb: _____ Post Code: _____
Phone/s: _____	Phone/s: _____
Workplace: _____	Workplace: _____
Work phone: _____	Work phone: _____
Email: _____	Email: _____

***Please ensure "Parent/Carer 1" is who the child resides with at their principal place of residence. Until the child has commenced, this parent/carer will receive all correspondence and invoices.**

Please provide the details of all other school age (including Pre-Prep) residential siblings:				
Sibling Name	1.	2.	3.	4.
Current School				
Year Level				

Supporting documents: The following documents MUST be supplied via email or at office for sighting:		
<input type="checkbox"/> Birth Certificate	<input type="checkbox"/> Australian Citizenship Certificate OR	<input type="checkbox"/> Passport & Visa (if not Australian Citizen)
<input type="checkbox"/> Most recent school report (not applicable for Prep entry)		

Office use only – Please do not write in this space

Supporting documents sighted: Yes No

EOI status: Yes No Waitlist _____

Please complete the following questionnaire to help identify any supports that may enhance the learning of students under our care

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Student's Support Profile

- Has the student been verified with a disability or learning difficulty? **Yes** **No**
If yes, please provide details:
- Has the student received learning support in the past? **Yes** **No**
If yes, please circle which year levels? 1 2 3 4 5 6
- Has the student received support from a Special Education Program in the past? **Yes** **No**
If yes, please provide details:
- Has your student ever attended an ECDP, AEIOU, Autism Queensland or received any support funding in a child care/early learning setting? **Yes** **No**
If yes, please provide details:
- Has the student ever been referred to a Specialist for any of the following:
- Pediatrician
 - Occupational Therapy (OT) / Physiotherapy
 - Behaviour
 - Speech-Language Pathologist
 - NDIS
 - Medical
 - Other, please specify:
- Are there any current Court Orders? **Yes** **No**
If yes, please provide details:

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Reasons for seeking enrolment at Chevallum State School:

I believe that the information I have supplied on this form is true and correct. my knowledge.

Parent/Carer Signature: _____ **Date:** _____