Out of Zone Expression of Interest



Date:	

Please note, this form is an expression of i			340	
Names of parent/caregivers	mes of parent/caregivers Address		Contact No's	
				8
				-
Names of student/s	Date of Birth	Current School / Kindy and Year Level	ATSI (Yes or No)	Year / date to start
Please describe any health / learning / cu	stody needs of yo	ur child/ren		
If your child is <u>currently attending</u> anothe <u>attending</u> school please fill out Part B.	er school please fil	ll out Part A, alterr	natively, if your	child is <u>not yet</u>
Part A				
If your child currently attends another scho	ool, why are you s	eeking to enrol the	m at Reidy Park	?
Have you discussed your concerns with yo	ur child's current s	school2 Ves / No (n	lease circle)	
If yes, with whom:	ur ciliu 3 current .	(p	nease en elej	
-	5			
Part B If your child is beginning school for the firs your local neighbourhood school.	t time it is an expe	ectation that you ir	nitially visit / ma	ke contact with
Have you done this? Yes / No (please circle	e)			
What are your reasons for wanting to enro	ol vour child/ren at	t Reidy Park?		
Triac are your reasons for wanting to enter	your omayren a			

Parent / caregiver signature: