



Edwardstown Primary School

OUT OF ZONE ENROLMENT EXPRESSION OF INTEREST

When completed, please return this form to the school office or scan and email it to dl.0127.enrolments@schools.sa.edu.au

Is your address in our school zone, within the **RED** rectangular boundary? **Yes/No**
If **YES** please visit the school Front office for an enrolment form. You do not need to complete or send in this form.
(see Edwardstown Primary School Enrolment - Local Zone Map)

Section 1: PARENT/ CAREGIVER DETAILS

Parent/Caregiver Details

Your Full Name..... Relationship to student.....

Contact Number(s) (Home)..... (Mobile).....

Email address.....

Residential address.....

Section 2: CHILD(REN'S) DETAILS

CHILD 1: Child's Name..... Gender **M/F** Date of birth.....

Current Year Level: **Year intending to start at E.P.S..... 2 0**

Preschool/ School your child currently attends:

Does this child present with any identified behaviour, social or academic concerns? **Yes/No**

If yes please briefly outline.....

Are there any documented custody arrangements in place? **Yes /No**

If yes please briefly outline.....

Non English speaking background **Yes/No** Details.....

Temporary resident **Yes/No** Details eg. Visa No.....

International student **Yes/No** Details.....

CHILD 2: Child's Name..... Gender **M/F** Date of birth.....

Current Year Level: **Year intending to start at E.P.S..... 2 0**

Preschool/ School your child currently attends:

Does this child present with any identified behaviour, social or academic concerns? **Yes/No**

If yes please briefly outline.....

Are there any documented custody arrangements in place? **Yes /No**

If yes please briefly outline.....

Non English speaking background **Yes/No** Details.....

Temporary resident **Yes/No** Details eg. Visa No.....

International student **Yes/No** Details.....

Section 3: ADDITIONAL INFORMATION

Are there siblings who currently attend Edwardstown Primary School? **Yes/No**

Please name the children who currently attend E.P.S:

Why are you interested in potentially enrolling your child at E. P. S.

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Is there any additional information you would like us to be aware of?

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Parent/ Caregiver Signature.....

Date: / /20

EDWARDSTOWN PRIMARY SCHOOL ENROLMENT LOCAL AREA ZONE

