



Edwardstown Primary School

OUT OF ZONE ENROLMENT EXPRESSION OF INTEREST

When completed, please return this form to the school Front 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'S DETAILS

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

Aboriginal or Torres Strait Islander: **Y / N** Current Year Level: _____ **Year intending to start at E.P.S.:** _____

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: _____

Aboriginal or Torres Strait Islander: **Y / N** Current Year Level: _____ **Year intending to start at EPS:** 20

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**

If yes, please name the children who currently attend E.P.S: _____

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

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

Parent / Caregiver Signature: _____

Date: / /20____



EDWARDSTOWN PRIMARY SCHOOL

ENROLMENT LOCAL AREA ZONE

