



Cooroy State School
 Elm Street
 PO Box 404, Cooroy Q 4563
 (07) 5472 2100
 admin@cooroyss.eq.edu.au

OUT OF CATCHMENT APPLICATION

STUDENT DETAILS

Given Name	Family	M/F	DOB	Year Level	Learning/Behaviour Support Required	Current School/Kindy
			/ /			
			/ /			
			/ /			
			/ /			

Proposed Start Date: _____

Medical Conditions: Yes / No _____

Court Orders/Legal Documents: Yes / No _____

Are you an Australian Citizen? Yes / No _____

If **NO** please provide **VISA Sub Class/documentation:** _____ **Country of Birth:** _____

Reason for Application: (If required please continue overleaf and attach supporting documentation if necessary)

PARENT/CAREGIVER 1 (Child Resides with)	PARENT/CAREGIVER 2
Name: _____	Name: _____
Address: _____	Address: _____
Phone: _____	Phone: _____
Email: _____	Email: _____
Relationship to student: _____	Relationship to student: _____

I understand and accept that:

- This application is an expression of interest only for an out of catchment enrolment at Cooroy State School.
- All out of catchment applications are placed on a waiting list and places will be offered should capacity exist in each year level and subject to the Principal's approval.
- If you are selected to attend Cooroy State School for an interview please bring your child/ren that you would like to enrol along as well as the following documents:

➤ **Completed Enrolment Forms, Birth Certificate, Court Orders/Legal Documents, Medical Documents, Visa Documents and 2 copies of Proof of Residency -**

- a current rental/lease agreement/rates notice/unconditional contract of sale **and**
- a utility bill (eg electricity, gas) showing this same address and parent's/legal guardian's name.

If these documents are not available, please provide 2 Statutory Declarations signed by a JP.

1. Completed by the Parent/Caregiver stating their name, child/ren's name and residential address they will be living at.
2. Completed by the Landlord stating the Parent/Caregiver's name, child/ren's name and residential address they will be living at.

Parent/Caregiver signature: _____ **Date:** ____/____/____

Please return this form to the administration office or email it to admin@cooroyss.eq.edu.au. Our enrolment officer will contact you about your application, keeping you up to date with your expression of interest to enrol.

OFFICE USE ONLY

Initial of Recipient: _____	Date OOCA Received: _____	Waiting List No: _____
Interview Date/Time: _____	Enrolment Forms Received: Yes / No _____	
Birth Certificate ID No: _____	DOB: / /	
Proof of Residency Received: _____	Court Orders/Legal Documents Received: _____	
Medical Documents Received: _____	Visa Documentation Received: Yes / No _____	
Enrolment Approved: Yes / No _____	Enrolment Start Date: _____	