

### APPLICATION DETAILS

<b>Surname:</b>		<b>Start Date:</b>	____ / ____ / ____
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#### FAMILY DETAILS PLEASE COMPLETE FOR EACH CHLD

First Name	Preferred Name (if applicable)	Gender	Date of Birth (dd-mm-yyyy)	Year Level
		<input type="checkbox"/> Female <input type="checkbox"/> Male	____ / ____ / ____	
		<input type="checkbox"/> Female <input type="checkbox"/> Male	____ / ____ / ____	
		<input type="checkbox"/> Female <input type="checkbox"/> Male	____ / ____ / ____	
		<input type="checkbox"/> Female <input type="checkbox"/> Male	____ / ____ / ____	

#### HOME ADDRESS

<b>No &amp; Street:</b>	
<b>Suburb:</b>	

Please detail your reason/s for requesting an exception for the above enrolment/s:


#### CONTACT DETAILS

<b>Name:</b>	
<b>Mobile:</b>	
<b>Email:</b>	
<b>Relationship to Applicant:</b>	

### OFFICE USE ONLY

<b>Date Received:</b>	____ / ____ / ____
<b>Proof of Address:</b>	<input type="checkbox"/> Driver's License <input type="checkbox"/> Rates <input type="checkbox"/> Utility Bill <input type="checkbox"/> Rental Agreement