Buddina State School

Expression of Interest for Out of Catchment Enrolment

Please complete a separate form for each child. Submit this form together with any other notes you wish to provide for your request for an Out of Catchment Enrolment.

Student Name: _________________________________________ Current Year Level: ____________

Gender: Male / Female

Date of Birth: ____________________________

Intended Enrolment: Current Year Future Year

Name of Sibling/s already attending Buddina State School ___________________________________
__________________________________________________________________________________

Address Line 1: ________________________________________________________________

Address Line 2: ________________________________________________________________

Suburb: ____________________ Post Code: __________________

Preference for Correspondence: □ email or □ Post

Email: ________________________________________________________________

Contact Parent Name: _______________________________________________________

Contact Parent Phone: _______________________________________________________

Reason for Out of Catchment Enrolment Request:

□ Student with Disability

□ Program of Excellence (Please circle) ○ Surfing Academy ○ Academy of Accelerated Learning

□ Other _______________________________________________________________________
________________________________________________________________________________

Additional notes to support Out of Catchment Enrolment request can be attached to this form if required.
Date enrolment request received: __________________________ Position on wait list: _________

Staff Member accepting EOI Out of Catchment Request: _________________________________

School catchment of residential Address: _____________________________________________

Exemption Type:

☐ Exclusion   ☐ DOC’s   ☐ Program of Excellence ___________________________ ☐ Sibling

☐ Staff   ☐ Other _______________________________________________________________

Notes: ____________________________________________________________________________

__________________________________________________________________________________

__________________________________________________________________________________

__________________________________________________________________________________

__________________________________________________________________________________

Exemption granted by Principal?  ☐ Yes  ☐ No

_____________________________________________ Date: ____________________________

Debe Crotty

Date parent notified of decision: _________________________________