



WOLLONGONG PUBLIC SCHOOL

67a Church Street, Wollongong 2500

Phone: 4228 9120

Wollongong-p.school@det.nsw.edu.au

Principal: Harold Cosier

Application for Non-Local Public School Enrolment

STUDENT INFORMATION

Family Name: _____ Date of Birth: ____ / ____ / ____

Given Names: _____ Male Female

Student's Address: _____ Post Code _____

Parent/Caregiver's Name: _____ Phone Number: _____

Email Address: _____

Parent/Caregiver's Name: _____ Phone Number: _____

Present School: _____ Present Year: _____

Reasons for wanting to enrol your child at Wollongong Public School

(If necessary, you may attach additional information in support of your request)

Year to be placed in: _____

Proposed Date of Enrolment: ____ / ____ / ____

My child's local school is: _____

Siblings **Older** **Yes / No** **Ages** _____

Younger **Yes / No** **Ages** _____

Parent/Caregiver Signature: _____ Date: ____ / ____ / ____

SCHOOL USE ONLY

Notes:

Date Received: ____ / ____ / ____

Place Available: YES NO

Parent/Caregiver advised on: ____ / ____ / ____