

Enoggera State School Expression of Interest / Waiting List

Student:	Surname:	
	Given Name:	
	Date of Birth:	
	Gender:	
	Intended Year Level:	
	Year of commencement:	
Previous Schooling:	Pre-Prep:	
	Other:	
Parent/Guardian 1:	Surname:	
	Given Name:	
	Mobile:	
	Home Phone:	
	Email:	
Parent/Guardian 2:	Surname:	
	Given Name:	
	Mobile:	
	Home Phone:	
	Email:	
Residential Address:	No. and Street:	
	Suburb and Post Code	
This student has/had siblings at Enoggera SS		☐ Yes ☐ No Name and class:
Comments:		
		For office use only
		Time:
		Date:
		Catchment A
		Sibling S Out of catchment B
		Out of catchinent D