



Sefton Infants and Preschool  
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Sefton NSW 2162  
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### APPLICATION FOR NON-LOCAL ENROLMENT

#### STUDENT INFORMATION

Family Name: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_  
Given Name(s): \_\_\_\_\_ Gender: \_\_\_\_\_  
Address: \_\_\_\_\_  
Suburb: \_\_\_\_\_ Postcode: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_  
Mobile Phone: \_\_\_\_\_  
Parent/carer name: \_\_\_\_\_  
Relationship to student: \_\_\_\_\_  
Current school: \_\_\_\_\_  
Current scholastic year (K-2): \_\_\_\_\_

#### NON LOCAL SCHOOL PLACEMENT REQUEST

Proposed scholastic year (K-2): \_\_\_\_\_ Proposed date for enrolment: \_\_\_\_/\_\_\_\_/\_\_\_\_

Please provide reasons for your application for non-local enrolment, based on the school's selection criteria [*published at <https://seftoninf-p.schools.nsw.gov.au/about-our-school/enrolment.html>*], and attach supporting documentation:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signature of parent/carer: \_\_\_\_\_  
Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

#### SCHOOL USE ONLY

Date received: \_\_\_\_/\_\_\_\_/\_\_\_\_  
Parents advised on: \_\_\_\_/\_\_\_\_/\_\_\_\_  
Designated local school: \_\_\_\_\_  
Notes: \_\_\_\_\_  
\_\_\_\_\_