

## MINMI PUBLIC SCHOOL

**Excellence Opportunity Community** 

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## **Out of Zone / Non Local Enrolment Application**

(To be completed in addition to enrolment application form)

Child's Name:			Date of Birth:
Class:	in <b>20</b>	(calendar year)	
Name of Guardian/Ca	regiver:		
Residential Address:_			
			e:
Local NSWDET Schoo	ol lo		
Reason(s) for seeking			
I understand that by p	utting forwar	d this application, I have not	been formally accepted into Minmi
		-	automatically accepted and this is

dependent on other in-zone enrolments for each particular year. I accept that this may also impact on my child if we choose to send them to the local feeder High School of Wallsend as we will still be classified as Out of Zone.

Parent/Guardian Signed:	Date//
School Decision:	
Placement Panel Members – Date// 20	