

Waitlist Number:



Glenview State School

A QUEENSLAND INDEPENDENT PUBLIC SCHOOL

6 Leeding Road Glenview Q 4553 ☎ 07 5439 6777 @ admin@glenviewss.eq.edu.au

Expression of Interest for Out of Catchment Enrolment Year: ____

STUDENT INFORMATION					
Surname			First Name		
Date of Birth			Gender		
Current Year level if at school			Current School or Kindergarten	This is a prep enrolment Yes/No	
Please tell us why you are making this application					
Proposed start date:					
PARENT/GUARDIAN INFORMATION					
Surname			First Name		
Address					
Home Phone			Mobile		
Email					
Signature				Date:	
OFFICE USE ONLY					
Received by:		Date Received:		Permissions Complete:	
Interview Date:		Enrolment Received:		Date of Acceptance:	
Reason for acceptance:		Use of OSHC <input type="checkbox"/>		Exclusion <input type="checkbox"/>	
Staff <input type="checkbox"/>		Sufficient space <input type="checkbox"/>		Other <input type="checkbox"/> please state:	

Please note: this is an expression of interest form *only*. A *full* enrolment form will need to be completed upon being made an offer of acceptance from the principal