





APPLICATION FOR NON LOCAL ENROLMENT AT A LEETON COMMUNITY OF PUBLIC SCHOOLS CAMPUS

Student's Name:	
Parent's/ (Carer's Name/s:
Residential Address:	
PROOF OF	RESIDENCY ATTACHED (Please tick):
1	Drivers Licence
2	Rental Receipt/ Statement
3	Utilities Statement
4	Other (please specify)
School reques	ted for non local enrolment (Please tick):
5	Leeton Public School □
6	Parkview Public School
7	Yanco Public School
Briefly outline	the reasons for your request for non local enrolment:
Signed (Parent	t/Carer):
Sighted Princip	oal (or representative) Leeton PS:
Sighted Principal (or representative) Parkview PS:	