

**REQUEST FOR AN EDUCATION REGIONAL OFFICE REVIEW OF
AN ENROLMENT APPLICATION DECISION**

PLEASE ATTACH YOUR LETTER FROM THE SCHOOL AND PROOF OF YOUR CHILD'S RESIDENTIAL ADDRESS TO THIS FORM. THE REVIEW CANNOT BE UNDERTAKEN WITHOUT THIS INFORMATION.

PERSONAL DETAILS (PLEASE PRINT ALL DETAILS BELOW):

Surname of parent/responsible person:	Given names:	Mr/Mrs/Ms:
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Name of child you applied to enrol:	Your child's year level:
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Name of school you applied to:

Child's Residential Address (must be completed):

Parent Postal Address (if different from residential address):

Telephone – Home:	Mobile Phone No:	Work (if convenient):
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Please indicate (√):

Were you applying to enrol your child in an approved specialist program at the school?
YES NO

Are there siblings already enrolled at the school who will still be attending?
YES NO

Other information to be considered:

I declare that the information provided on this form is accurate and complete. Signature:	Date:
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Office Use Only Date received: Outcome: Response date:
