Lake Heights Public School
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-12): _____

Non local school placement request

Proposed scholastic year (K-12): _____ Proposed date for enrolment: ___/___/___
Please provide reasons for your application for non-local enrolment, based on the school's selection criteria published at www.lhps.nsw.edu.au/our-school/enrolment/ and attach supporting documentation:

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Signature of parent/carer: _____
Date: ___/___/___

School use only

Date received: ___/___/___ Places available: _____
Parents advised on: ___/___/___
Designated local school: _____
Notes:_____

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