



Ramarama School

Growing Successful Futures, Together

Out of Zone Enrolment Form 2018

Pupil's Surname: _____

Given Name(s): _____

Date of Birth: _____

FULL NAMES OF PARENTS OR GUARDIANS

Surname: _____

Given Name: _____

Residential
Address: _____

Phone: (Home) _____ (Work) _____

Email: _____

FULL NAMES OF PARENTS OR GUARDIANS

Surname: _____

Given Name: _____

Residential
Address: _____

Phone: (Home) _____ (Work) _____

Email: _____

Does the child have a sibling at Ramarama School? Yes / No

Name: _____

Learning/Behaviour Needs:

Specialist Needs/Resourcing/Agencies:

Other Information/requests:

Is the child a sibling of a former Ramarama School Student? Yes / No

Name: _____

Is your child enrolled at another school? Yes / No

Which school? _____

Present school (if applicable) _____

Present Year Level _____ Year Level 2018 _____

Signed: _____ Dated: _____

I have read all the information above and confirm that all details are supplied are true and correct. **I understand and agree that incorrect disclosure of any information may result in the annulment of my application.**
I have also attached a copy of my child's birth certificate.

Signed: _____ Date: _____