

Beaudesert State High School

PO Box 104 Beaudesert QLD 4285 Phone: (07) 5542 9111 admin@beaudesertshs.eq.edu.au https://beaudesertshs.eq.edu.au



OUT-OF-CATCHMENT ENROLMENT REQUEST FORM

Students, whose principal place of residence is outside Beaudesert SHS catchment area, can request to enrol. Enrolment of students from outside the local catchment area is restricted to ensure that the total current and forecasted enrolments do not exceed the student enrolment capacity. Considerations are:

- 1. If there is sufficient capacity for enrolment of students who move into the catchment area during the year.
- 2. The school's projected future enrolment growth.
- 3. Principal will review student OneSchool profile behaviour, attendance, effort.

Local catchment area is the defined geographical area from which a state school accepts its core intake of students. Schools catchment map is available from <u>EdMap</u>

Government Education further enrolment information: https://education.qld.gov.au/parents-and-carers/enrolment

Student Name:		☐ Female ☐ Male			
Date of Birth:		Enrolment grade:			
Current School:		Enrolment year: 20			
Parent/Guardian:		Request start date:// 20			
Home Address:					
Email:		Phone Number:			
If you are interested in en Academic Academy Mental Health	☐ Equestrian Academy	elect which program: Ice Academy Sports Academy Football (Soccer) Rugby League Volleyball Susion (student with disability)			
If the student is transferring from private education or interstate, you must provide copies of the last two semester report cards with this request.					
Decisions on Enrolment:	 on Enrolment: The Principal is responsible for all decisions on enrolment applications. Parents will be notified of the decision via email. If this application has secured an enrolment interview, it will be the final step in determining the enrolment outcome. Parents will be informed of the decision at the enrolment interview. 				

Turn over page to provide your reason/s for why you are seeking enrolment.



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- Acad	emy programs		ovide the reason/s for why you are seeking	; enrolment
	sion (student with disability) c tal health	or Supported Learning	Needs	
Parent	: / Carer Name:	Signature:	Date:	
Option	ns to submit this form:			
	Email: Enrolments@beaudesertsl or Hand in at Reception	ns.eq.edu.au	Post: Att: Enrolments Officer Beaudesert SHS PO Box 104	
	School Admin Building		BEAUDESERT OLD 4285	