MERRYLANDS HIGH SCHOOL
ENROLMENT APPLICATION FORM

Date: ________________________

Name of Student: ________________________________

Address: ______________________________________

Name(s) of Parent(s)/Caregiver: ________________________________

Telephone Number: ____________________________ Mobile No: ____________________________

Previous School: ________________________________ Date of Leaving Previous School: / /

Relevant Previous History: The NSW Department of Education and Training has a responsibility to assess
and manage any risk of harm to its staff and students.
Has the student been suspended or expelled from any previous school? [ ] Yes [ ] No

Please supply -

School Reports, Birth Cert/Visa/Passport,
Proof of address ie rates/rent agreement, Court Orders (if applicable)

Courses requested:

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<th>ENGLISH</th>
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Reasons for Requesting Placement at Merrylands High School:

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

Office Use Only

Timetable: [ ] Enrolment Accepted: [ ]
Student User Account: [ ] Placed on Waiting List: [ ]

Enrolment Declined: [ ]

Comments:

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

LOCAL NON LOCAL

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<tr>
<th>FEMALE</th>
<th>MALE</th>
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| DATE OF BIRTH: |

| SCHOLASTIC YEAR REQUIRED: |