

## Bulli High School Year 7 – 12 Out of Area Enrolment Expression of Interest

Date of Application:	Anticipated Start Date:			
Student Name:	Student Date of Birth:			
Current School:	Year Group:			
Parent/Carer Name:	Contact Number:			
Email:				
Residential Address:	Postcode:			
Local Public School:				
For an out-of-area enrolment to be considered, there must be exceptional and compelling circumstance. This should first be discussed with the principal at your local school. Refer to the Bulli High School Enrolment Policy on the school website for more information.  https://bulli-h.schools.nsw.gov.au/content/dam/doe/sws/schools/b/bulli-h/Bulli_HS_Enrolment_Policy_Framework29_Oct_2019.docx				
Do you believe that your child's circumstances meet the criteria?		Yes:	No:	
Have you discussed this with your local school principal?		Yes:	Date:	No:
Signature of local school principal or representative:				
Name and posit	ion:			
Please explain any circumstances relevant to this	s application:			

Signed: