



FERRY GROVE STATE HIGH SCHOOL

An Independent Public School

McGinn Road, Ferry Grove, Q 4055 | PO Box 128, Ferry Hills Q 4055
Tel: (07) 3550 5777 | email: info@ferrygroveshs.eq.edu.au
www.ferrygroveshs.eq.edu.au | FerryGroveSHS
CRICOS Code 00608A | Executive Principal: Mr John Schuh

EXPRESSION OF INTEREST FOR 2022 STUDENT ENROLMENT: YEARS 7 TO 12

Please complete and deliver to the office or email enrolments@ferrygroveshs.eq.edu.au

Name of Student: _____ (Male Female) Date of Birth: ___ / ___ / ___

Current or Previous School: _____ Applying for Year Level _____ commencing in 2022

Parent/Carer 1 Details: (child resides with)	Parent/Carer 2 Details:
Name: _____	Name: _____
Address: _____	Address: _____
Suburb: _____ Post Code: _____	Suburb: _____ Post Code: _____
Phone/s: _____	Phone/s: _____
Workplace: _____	Workplace: _____
Work phone: _____	Work phone: _____
Email: _____	Email: _____

Please ensure "Parent/Carer 1" is who the child resides with at their principal place of residence. Until the child has commenced this parent/carer will receive all correspondence and invoices.

Please provide the details of all other school age (including Pre-Prep) residential siblings:				
Sibling Name	1.	2.	3.	4.
Current School				
Year Level				

Supporting documents required with EOI.		
Please supply photocopies or electronic versions of these documents as they will not be returned.		
<input type="checkbox"/> Birth Certificate	<input type="checkbox"/> Australian Citizenship Certificate (if applicable)	<input type="checkbox"/> Passport and Visa (if applicable)
<input type="checkbox"/> Most recent school report		
<input type="checkbox"/> Most recent NAPLAN report (if your child sat the most recent exam)		
<input type="checkbox"/> Current proof of residency x 2		
<input type="checkbox"/> Signature Program application form (if applicable)		

Office use only - Please do not write in this space	
EOI status <input type="checkbox"/> Yes <input type="checkbox"/> Waitlist	Executive Principal's Signature: _____
Enrolment interview made with: _____	Enrolment Pack: ___ / ___ / ___
Date: ___ / ___ / ___ Time: _____	Signed: _____



Please complete section 1. If applicable, complete section 2.

To check if your home address is within our catchment area please visit: <http://www.qgso.qld.gov.au/maps/edmap/>

Catchment		Non-catchment
<p>1</p> <p><input type="checkbox"/> Local Catchment Area</p> <ul style="list-style-type: none"> The student's principal place of residence is within the catchment area Current proof of residency at the address indicated must be provided with one of each of the following: <ul style="list-style-type: none"> One primary source: a current rental/lease agreement, or rates notice, or unconditional contract of sale <p>AND</p> <ul style="list-style-type: none"> One secondary source: a current utility bill (e.g electricity, gas) showing this same address and parent's/legal guardian's name Application should note that a false statement/assertion about the student's principal place of residence may amount to an offence and may be reported to police. The School Principal may repeal a decision to enrol a student in such circumstances 	<p><input type="checkbox"/> Sibling of a student at time of intended enrolment</p> <p><input type="checkbox"/> Applying for a Signature Program</p> <p><input type="checkbox"/> General entry non-catchment - for all applicants who do not fit into any of the categories listed above</p>	
<p>2</p> <p><input type="checkbox"/> Signature Programs https://fernygroveshs.eq.edu.au/curriculum/signature-programs</p> <ol style="list-style-type: none"> Ticking this box indicates your interest only. A Signature Programs Expression of Interest Form must be completed. Signature Programs Expression of Interest Forms are available from our website accessed here These forms will be accepted up to and including the due date indicated on the form. Late submissions will not be accepted. 		

Additional Support
<p>Does your student receive additional support services at primary school or identify with a verified disability. Please check the box below and provide details:</p> <p><input type="checkbox"/> Verified Disability _____</p> <p><input type="checkbox"/> Learning Difficulty _____</p> <p><input type="checkbox"/> EALD _____</p>

I understand that supplying false or incorrect information on this form may lead to the reversal of a decision to approve enrolment. I believe that the information I have supplied on this form is true and correct in every particular, to the best of my knowledge.

Parent/Carer Signature: _____ Date: ___ / ___ / ___

Note that your application will not proceed until we have received all required supporting documents.