



# APPLICATION FOR WAITING LIST LOCKLEYS NORTH PRIMARY SCHOOL



MALURUS AVENUE, LOCKLEYS SA 5032  
Telephone: (08) 8443 5544 Fax: (08) 8234 2576

Lockleys North Primary School enforces a zone of right around the school, however in the future there may be a vacancy available at some year levels. If an offer of enrolment is possible the school will contact you.

PLEASE PROVIDE INFORMATION TO ASSIST US TO CONSIDER YOUR CIRCUMSTANCES

**Student Details**

Family Name \_\_\_\_\_

Given Names \_\_\_\_\_

Preferred Name \_\_\_\_\_

Date of Birth \_\_\_\_\_ Gender Female  Male

Previous School/Kindergarten \_\_\_\_\_

Proposed Start Date \_\_\_\_\_ Year Level at start date \_\_\_\_\_

Sibling/s

At Lockleys North Primary School	Name/s _____	Date of Birth _____
	Name/s _____	Date of Birth _____
Younger sibling/s not at school	Name/s _____	Date of Birth _____
	_____	Date of Birth _____

**Enrolling Parents/Caregivers Details**

Family Name \_\_\_\_\_

Mother/ Mrs/Ms \_\_\_\_\_ Father/ Mr \_\_\_\_\_

Residential Address \_\_\_\_\_  
\_\_\_\_\_ Postcode \_\_\_\_\_

Home Phone Number \_\_\_\_\_ Silent: Yes  No

Mobile Phone Number \_\_\_\_\_

Email Address: \_\_\_\_\_

Signature of parent/caregiver: \_\_\_\_\_ Date: \_\_\_\_\_

**OFFICE USE ONLY**

IN ZONE	YES	NO
DATE OF REGISTRATION	_____	START DATE _____