

Drummond Memorial Public School

Non-Local Enrolment - Application for Parents/ Guardians.

Student Information Family Name: _____ Given Name(s): _____ Gender: _____ Date of Birth: ___/___ Address: _____ Postcode: Home Phone: _____ Work Phone: ____ Mobile Phone: _____ Parent/Guardian name: _______ Relationship to student: ______ Current school: _____ Current scholastic year (K-6): _____ Non-local school placement request Proposed scholastic year (K-6): _____ Proposed date for enrolment: ___/___ Have you contacted the Principal of your local school? ☐ Yes ☐ No Please provide reasons for your application for non-local enrolment based on the school's selection criteria published at https://drummondm-p.schools.nsw.gov.au/ and attach supporting documentation: Signature of Parent/Guardian: ______ Date: ___/___ Date: ___/___ School Use Only Date received: ___/___ Places available: _____ Parents advised on: ___/___/ Designated local school:

Please attach this form to the Panel Decision paperwork.