MUIRFIELD HIGH SCHOOL ENROLMENT ENQUIRY

Date of Application:

TUDENT DETAILS			In Are	a ,	/ 0	ut of A	rea
Student Name:		Dat	e of Birt	h:			
Parent/Guardian Name:							
Home Address:							
Contact Telephone: Mobile:					Vork:		
Email Address:							
CHOOL AND CURRICULUM DETAIL							
Current/Last School Attended:	Telephone Number:						
Date of enrolment at this school:							
(Please attach t							
Name of Contact Person, e.g., Year Adviser, Deput	ty Princip	oal:					
Current Year Group of Student (please circle):	6	7	8	9	10	11	12
Proposed Courses and Level of Study:							
English:	Science:						
Mathematics (include level of study):							
Elective Courses:							
Year Group in which Enrolment is sought (circle):		7	8	9	10	11	12
If accepted, preferred time of commencement (cir	rcle):	immediate		next term		next year	

NON LOCAL SCHOOL PLACEMENT REQUEST

Please provide reasons for your application for non-local enrolment, based on the school's selection criteria. Attach any supporting criteria:

The information provided on the enrolment enquiry is being obtained for the purpose of processing the student's enquiry about a place at Muirfield High School. It will be used by the school to provide you with advice about appropriate educational options and class placement. While the provision of this information is voluntary if you do not provide all or any of this information it may delay or prevent the processing of this enquiry. It will be stored securely. You may correct any personal information provided at any time by contacting the school.

School use only

Date received:

Designated local school:

Placement Panel date:

Parents contacted: