



THE GAP STATE HIGH SCHOOL  
1020 Waterworks Road  
PO Box 1 THE GAP Q4061  
Phone: (07) 3511 3888 Fax: (07) 3511 3800  
Email: [admin@thegapshs.eq.edu.au](mailto:admin@thegapshs.eq.edu.au)  
Web: [www.thegapshs.eq.edu.au](http://www.thegapshs.eq.edu.au)

## Enrolment Management Plan – Catchment Exemption Form

**If you reside outside of the defined Catchment Area you must complete this form.**

*Please complete a separate form for each child.*

*There is a \$100 non-refundable processing fee for all Out of Catchment Applications for Enrolment.  
This must be paid prior to, or at the time of submitting documents or receipt must accompany application.*

### PROPOSED STUDENT'S DETAILS

Student Name:		Date of Birth:	
Year Level Entry:		Year of Enrolment:	
Intended Start Date:		Current School:	
Residential Address:			Postcode:
Email Address:			
Contact Parent Name:			
Contact Parent Phone Number:			

### EXEMPTION CRITERIA (Reason for Out of Catchment Enrolment Request)

<input type="checkbox"/> Sibling/s	Name/s:
Was the sibling enrolled into a Program of Excellence? Yes / No	Name of program:
<input type="checkbox"/> International Student	
<input type="checkbox"/> DOCS	
<input type="checkbox"/> Program of Excellence <i>(an Excellence Program Application must be submitted)</i>	<input type="checkbox"/> Honours <input type="checkbox"/> Accelerated Music Program <input type="checkbox"/> Specialised Volleyball Program
<input type="checkbox"/> Other (Please provide details)	

**SUPPORTING EVIDENCE** - *Submit this form together with a copy of the child's most recent two (2) report cards and any other notes you wish to provide for an Out of Catchment Enrolment.*

1. Has your student held any Leadership positions? (please detail) \_\_\_\_\_

2. Does your student have the ability to contribute to the leadership, academic and cultural life of the school?  
(Please detail how) \_\_\_\_\_

Parent /Guardian Name: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_



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**METHOD OF PAYMENT**

1. **Cash Payment** – return money with the Exemption Application to the school administration office.
2. **Bank Transfer** – BSB 064 174 – Account Number 00090008 – Ref: Initial Surname Year OOC  
(eg: JSmith 2020 OOC)
3. **EFTPOS** – Facilities are available at the school administration office.

OFFICE USE ONLY			
<b>School Catchment of Residential Address:</b>			
<b>Exemption Type:</b>	<input type="checkbox"/> Sibling	<input type="checkbox"/> DOCS	<input type="checkbox"/> International
	<input type="checkbox"/> Staff	<input type="checkbox"/> Program of Excellence _____	<input type="checkbox"/> Exclusion
	<input type="checkbox"/> Other		
COMMENTS			
<b>Space Available in Year Level:</b>		<input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>Exemption Granted:</b>		<input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>Signature:</b>		<b>Date:</b>	