



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
Web: 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 (Yr 7 – Yr 10) <input type="checkbox"/> Honours Music (Yr 7 – Yr 10) <input type="checkbox"/> STEM (Yr 9 – Yr 10)
<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.
4. **Credit Card Payments** – Complete the authority slip below.

For payment by EFTPOS (Credit/Debit Card), I hereby authorize The Gap State High School to debit my:																	
<input type="checkbox"/> MasterCard <input type="checkbox"/> Visa <input type="checkbox"/> Other (where accepted) _____ Total Transaction Amount \$100.00																	
Card Number:												Expiry Date:					
Name of cardholder as it appears on the card:						Signature of Cardholder:											
Name of student that payment is for:																	

OFFICE USE ONLY			
School Catchment of Residential Address:			
Exemption Type:	<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			
Space Available in Year Level:	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Exemption Granted:	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Signature:	Date:		