



**SHOAL BAY PUBLIC SCHOOL**

**Phone:** (02) 4981 1007  
 (02) 4981 4902  
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**Email:** shoalbay-p.school@det.nsw.edu.au

61 Rigney Street  
 Shoal Bay 2315  
 PO Box 498  
 Nelson Bay 2315

**Out of Zone Application**

**Student Information**

Family Name: ..... Given Names: .....  
 Date of Birth: ..... Male/Female: .....  
 Address: .....  
 Present School/Preschool: ..... Grade/Class: .....

**Family Information**

Parent/Caregiver Name: .....  
 Home Telephone: ..... Work Phone: .....  
 Mobile: ..... Relationship to Student: .....

**Reasons for Application:**

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Parent/Caregiver: ..... Date: .....