**ATTACHMENT B**

**REQUEST TO REVIEW MATURE AGE STUDENT ENROLMENT APPLICATION**

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| **APPLICANT TO COMPLETE** |
| **Applicant’s details** | Name: |
| Date of birth: | Current age: |
| Phone: | Email: |
| Address: |
| **School**  |  |
| **Reason for enrolment application** |  |
| **Date application submitted** |  |
| **Reason for request to review the principal’s decision** |  |
| **Outcome sought** |  |
|  | I hereby give permission for the school principal to give details of my criminal record report and/or pending charges to other Department of Education employees involved in the review of my enrolment application. |
| **Signature** |  |
| **Date** |  |

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| **PRINCIPAL TO COMPLETE**  |

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| **Checklist:** | Attempt has been made to resolve the issue at the school level |
|  | Original enrolment application and proof of identity are attached  |
|  | Copy of information received from vetting entity is attached |
|  | Copy of enrolment application refusal letter issued to applicant is attached |
|  | Memorandum to the Chief Executive is attached |

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| **Checklist complete** |  / / 20 |  Principal’s name: |
|  Signature: |