



OUT OF CATCHMENT

Expression of Interest

2027

For families who do not reside within
the College Catchment

Respectful, Engaged, Aspiring Learners for the world of tomorrow

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Applications MUST be submitted in full by email to – enrolments@mangohillssc.eq.edu.au

Applications made in person to the College or by post will not be accepted as it is a requirement for applications to be time stamped in order of submission.

Incomplete applications will not be accepted and will have to be resubmitted.

Applications submitted prior to 8am, Wednesday 29th April 2026 will not be accepted

Out of Catchment Expression of Interest Process - 2027

If a student's principal place of residence falls outside the Mango Hill State Secondary College catchment, families can submit an Out of Catchment Expression of Interest.

The following documentation is required -

- Completed Out of Catchment Expression of Interest. including a cover letter outlining the reasons and/or supporting evidence for the out of catchment expression of interest;
- Completed Student Profile (3 pages)
- Diagnostic or medical documentation is required if applicable;
- 2 x most recent report cards;
- Supporting documentation related to Department of Child Safety (if applicable)
- International Study Application (short term student enrolments only)

Preliminary View

The Principal is responsible for all decisions on enrolments.

Where the Principal's preliminary view supports enrolment, the parent/carer will receive an email notification regarding progression to the enrolment interview stage.

Where the Principal has formed the preliminary view that a student is ineligible to enrol –

- Preliminary view notification will be emailed to parent/ carer with the date and time recorded.
- Parent/ carer is able to appeal the Principal's preliminary view in writing within seven school days of receiving the preliminary view letter (the date in which the email was sent by the College). Submissions must be made in writing and emailed to the College.
- If an appeal against the Principal's preliminary view is not received within the required timeframe, the preliminary view is considered as the final.

Final View

Submissions of appeals against the Principal's preliminary view received will be reviewed by the Principal and decision made as soon as practicable.

- Where the final review supports enrolment, parent/ carer will be emailed regarding progression to an enrolment interview.
- Where the final review does not support enrolment, parent/ carer will be notified of the Principal's final decision via email and the enrolment will not proceed.

Out of Catchment Expression of Interest

Office Use only					
Application Number		Date Received		Time Received	

Student Information (2027)	
Surname	First Name
Year Level Applying for	
Current School	<input type="checkbox"/>
Catchment School	
Date of Birth	
Student's Principal Place of Residence	
Parent/Carer 1 Information	
Parent/Carer 1	
Address Parent/Carer 1	
Email Parent/Carer 1	
Contact Phone Number Parent/Carer 1	
Parent/Carer 2 Information	
Parent/Carer 2	
Address Parent/Carer 2	
Email Parent/Carer 2	
Contact Phone Number Parent/Carer 2	
Name of parent / carer completing form	
Signature of parent / carer completing form	

Cover Letter

Outline the reasons and/or evidence to support your out of catchment expression of interest.

(Additional pages can be added if required)

Student Profile

To be completed by the parent/carer for **all** enrolments

Student Information (2027)					
Surname		First Name			
Date of Birth		Year Level			
Name of Parent / Carer Completing Student Profile					
General Information					
Please provide any general information that could assist the College to get to know your child					
(Please use additional paper if required)					
Swimming Ability					
What is your Child's Swimming Ability? -					
	Can swim 25 metres freestyle unassisted				
	Can swim 50 metres freestyle unassisted				
	Can swim 25 metres freestyle with assistance				
	Requires assistance at all times when in and/or near the water				
Siblings School Age or Younger Residing at the Same Residential Address					
Relationship to Student	Family Name	First Names	Date of Birth	Country of Birth	Name of School (if applicable)
Ethnicity					
Which cultural background does the family identify with?					
Will any cultural or religious events affect your child's school participation? (i.e. during Ramadan, fatigue may limit involvement in HPE)			Yes		No
			If yes, please provide details –		

Language Background other than English				
Language other than English spoken by student				
Main language spoken at home by the family				
Do you speak English at home?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
If yes, what percentage of English do you speak at home?	%			
Does your child speak your home language?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
If yes, what percent do they speak this language with you at home??	%			
Overseas Education Background				
Education Type	Age at Start	Duration		Country
		Years	Months	
Date of last attendance at overseas school				
Was English the language of instruction?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
If yes, how many hours of English Lessons per week?				
Date of arrival in Australia				
Gifted and/or Talented *Testing Paperwork required*				
My child has is/has been identified as Gifted and/or Talented and I can provide testing evidence				
<input type="checkbox"/>	Gifted	<input type="checkbox"/>	Talented	
Please provide details of subjects/areas				
Office Use Only	Testing Paperwork provided	<input type="checkbox"/>	Yes	<input type="checkbox"/>
Medical Condition Requiring Action Plans *Action Plan required*				
<input type="checkbox"/>	Asthma	<input type="checkbox"/>	Anaphylaxis	
<input type="checkbox"/>	Diabetes	<input type="checkbox"/>	Epilepsy	
<input type="checkbox"/>	Other	<input type="checkbox"/>	Other	
If other - please provide details				
Office Use Only	Action Plan provided	<input type="checkbox"/>	Yes	<input type="checkbox"/>
Mental Health Conditions * Diagnosis is required*				
Please provide details				
Office Use Only	Diagnosis Paperwork provided	<input type="checkbox"/>	Yes	<input type="checkbox"/>

Support History					
	Yes		No	Does your child have a diagnosed condition or disability which can impact their learning, engagement or wellbeing at school?	
	Yes		No	Has your child experienced learning difficulties previously?	
	Yes		No	Has your child required additional support to manage their social wellbeing, engage with learning tasks or maintain appropriate behaviours in the past?	
If you answered yes to ANY of the above questions, please ensure you complete the below section and provide available reports, diagnosis and or medical documentation					
Diagnosed Condition or Disability *Paperwork required including functional impact*					
	Autism Spectrum Disorder (ASD)			Attention Deficit Hyperactivity Disorder (ADHD)	
	Oppositional Defiance Disorder (ODD)			Attention Deficit Disorder (ADD)	
	Sensory Processing Disorder			Obsessive Compulsive Disorder (OCD)	
	Global Development Delay (GDD)			Auditory Processing Disorder	
	Visual Impairment (VI)			Fetal Alcohol Syndrome	
	Dyslexia			Physical Impairment (PI)	
	Other			Dyscalculia	
			Please provide details		
Office Use Only		Diagnosis paperwork provided		Yes	No
School Based Supports *Support Documentation Required*					
	Special Education Support			Learning Support (Including literacy/numeracy)	
	Guidance Support			EAL/D Support (English as an additional language/dialect)	
	Social Worker			Gifted and Talented Support	
	Psychologist			School Based Youth Health Nurse (SBYHN)	
	Other			Youth Support Coordinator	
			Please provide details		
Office Use Only		Support paperwork provided		Yes	No
Individual Curriculum Plan (ICP) Required					
My Child is studying at a lever higher or lower than their year level on an ICP					
	English at Year _____			Mathematics at Year _____	
	Humanities at Year _____			Science at Year _____	
			Other subject at Year _____		Other subject at Year _____
Office Use Only		ICP paperwork provided		Yes	No
External Support Services *Support Documentation Required*					
	Psychologist			Paediatricians	
	Counselling			Social Worker	
	Speech Language Pathologist			Visual Impairment Specialist	
	Autism Spectrum Disorder (ASD) Specialist			Occupational Therapist	
	Other			Psychiatrist	
			Please provide details		
Office Use Only		Support paperwork provided		Yes	No

Final Checklist

Do not submit application if you cannot supply all required documentation.
Incomplete applications will not be processed and will need to be resubmitted

Applications **MUST** be submitted in full by email to – enrolments@mangohillssc.eq.edu.au
applications received by post or in person will not be accepted.

Out of Catchment Expression of Interest	
	Out of Catchment Expression of Interest (Page 4)
	Cover letter (Page 5)
	Student Profile (Pages 6-8)
Additional Documentation	
	Two x most Recent Report Cards
	Medical Documentation (if applicable)
	Diagnostic Documentation (if applicable)
	Legal Documentation (Family Law Court Order / Domestic Violence Order / Any other court Order (if applicable))
	Child Protection Order and Authority to Care (if applicable)
	International Study Application (short term international student enrolment only)

Submission of documentation required herein does not guarantee acceptance of enrolment.

Final decision on enrolment acceptance is at the discretion of the principal.

Please note: The Principal can request additional documentation at their discretion.