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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **School Details** - *Please complete all details. (\*may only be relevant for systemic primary schools)* | | | | | | | | | | | | | |
| Applicant | |  | | | | | | | | | | | |
| AGEID No | |  | | | | | Diocese | | | Choose an item. | | | |
| School Name and Location | |  | | | | | | | | | | | |
| Principal | |  | | | | | Level | | | Choose an item. | | | |
| Parish\* | |  | | | | | LGA | | |  | | | |
| **Statement of Educational Need** - *Provide a brief statement describing the problem(s) with infrastructure that represents an educational disadvantage. : Do not include maintenance issues or describe a specific capital proposal or solution.* | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | |
| **Main Educational Drivers** *– Please select at least one of the typical causes of educational disadvantage. Leave empty if causes are unknown, unclear or require CBGA clarification.* | | | | | | | | | | | | | |
|  | Enrolment growth | |  | | Condition | | |  | | | Functionality | | |
| **Enrolment Forecast** – *Please provide* *projected enrolments* *for years nominated and identify the long-term (Stable) enrolment for the school. (Note CSNSW Analytics Central will collaboratively validate the projections with the applicant)* | | | | | | | | | | | | | |
| **2025** | | **2026** | | **2027** | | **2028** | | | **2029** | | | | **Stable** |
|  | |  | |  | |  | | |  | | | |  |
| **Growth Rationale** *– Please provide a statement that supports any proposed growth or enrolment projection that conflicts with historical trends, and or identifies a strategic decision to grow the school, with reference to local demographic issues.* | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | |
| **Authorisation** *– The CBGA will only accept EOIs that have been authorised by the Delegated Approved Authority nominated in the current “CBGA Members Agreement”. The applicant accepts that this EOI is not an indication of eligibility to apply for a grant.* | | | | | | | | | | | | | |
| Delegated Approved Authority (Signature) | | |  | | | | | | | | Date |  | |
| Delegated Approved Authority (Print Name) | | |  | | | | | | | | Office |  | |