



ENROLMENT BALLOT FORM – OUT OF ZONE

Legal Surname _____

All first name/s _____

Gender _____ Date of Birth (dd/mm/yy) _____

(Birth Certificate to be copied upon enrolment)

Address: _____

Country of birth _____

NZ Citizen Yes No NZ Resident Yes No **(Copy of visa required)**

Language spoken at home _____

Student will be eldest at this school? Yes No Names and D.O.B. of siblings. (Below)

Current Year Level _____ School/Preschool last attended _____

Names of previous schools attended (if applicable) _____

Please state what date you would like your child to start. _____

Priorities for acceptance: Please tick if applicable:

- 1st priority will be given to any applicant who is a sibling of a current student of the School.
- 2nd priority will be given to any student who is a sibling of a former student of the School.
- 3rd priority will be given to any applicant who is a child of a former student of the School.
- 4th priority will be given to any applicant who is either a child of an employee of the Board of the School or a child of a member of the Board of the School.
- 5th priority will be given to all other applicants.

If your application is not successful the school will put you on a waiting list, and tell you your place on the list. If a place becomes available and you are first on the list, the school will let you know and you will have the option of accepting or rejecting the offer of the place. The waiting list expires when the next Ballot is held. **Meanwhile, you will need to enrol your child at another school.**

PARENT

NAME: _____ SIGNED: _____ DATE: _____

CONTACT DETAILS: TELEPHONE NUMBER HOME OR CELL _____

Email address: _____