



OUT-OF-HOME ZONE APPLICATION FOR ENROLMENT

Surname of student: _____ First Name: _____

Date of Birth: _____

Year level on enrolment (please circle) Year 1 Year 2 Year 3 Year 4 Year 5 Year 6

Address: _____

Parents of Parent / Caregiver: _____

Phone Number: _____ Email: _____

**ALL APPLICATIONS MUST BE RECEIVED AT THE SCHOOL OFFICE
BY 26th OCTOBER 2021**

BALLOT DATE (IF REQUIRED) 27th OCTOBER 2021

PRIORITY ORDER FOR BALLOTS

Applications for out-of-zone students will be balloted in the following order of priority. Please tick one of the following:

	1	First priority	Special Programme (not applicable)
	2	Second priority	A brother or sister is currently attending Whakamārama School
	3	Third priority	Applicants who are siblings of former students Name of sibling: Year(s) of enrolment:
	4	Fourth priority	Child of former student of the school Name of former student: Year(s) of enrolment:
	5	Fifth priority	Child of Board member/staff member Name of Board/staff member:
	6	Sixth priority	All other applicants

The information provided in this application is, to the best of my knowledge, true and correct.

Parent Signature _____ Date: / /

All applicants will receive a letter (via email) stating the outcome of your application. This will occur within three days of the ballot occurring.