Out of Zone Ballot

Please bring either your child's birth certificate or passport to the office for photocopying

CHILD'S DETAILS: Boy/Girl Date of Birth: …...../……../…..... Place in family: …..... of …….....

First Names: ……..…… Surname: ……..……

Permanent Residential Address: ……..

……

Kindergarten / Preschool: ……..

Please advise us if your child has been diagnosed with, is in the process of being diagnosed or you suspect that they have any learning/developmental difficulties that will affect them being placed in a mainstream classroom environment e.g. autism, ADHD, hearing loss etc.
N.B. failure to complete this will void this application in accordance with the Statutory Declaration below

……

……

Please indicate which applies to you:

1st Priority - Special programme	❑
2nd Priority - Siblings of current students	❑
3rd Priority - Siblings of former students	❑
4th Priority - Child of former student	❑
5th Priority - Children of staff or Board members	❑
6th Priority - All other out of zone applicants	❑

PARENTS' DETAILS:
Mother First Name: …….. Surname: ……..……

Telephone: Home: ……..…….. Work: ……..…….. Mobile: ……...……..

Email: ……...……

Father First Name: …….. Surname: ……...……

Telephone: Home: ……..…….. Work: ……..…….. Mobile: ……...……..……..

Email: ……

If mother/father (please delete) has a different residential address:

……

Statutory Declaration
We have provided the information requested. The information I/we have provided on this application is true and correct,by virtue of the Oaths and Declarations Act 1957.

Signature(s) of parent / guardian: ……..……..……..…… Date: …..... / ...…… / ….....…

Please print name: ……..