

Bayview Primary School

Bayview Rd Glenfield

Auckland 0629

Phone: 09 444 2222

Email: office@bayview.school.nz



OUT-OF-ZONE BALLOT APPLICATION 2019

Out-of-zone enrolment applications are now being accepted for entry into Bayview Primary School through the out-of-zone ballot. Please check carefully the entry level and priority for your child to ensure they are in the correct ballot draw.

If you reside out-of-zone and you wish for your child to be considered for enrolment through the out-of-zone ballot, you will need to complete this Ballot Application Form.

Please return the completed application form to the school no later than

4:00pm on the application closing date shown below.

Parents will be sent results of the outcome of the ballot within three school days of the ballot being held. Please allow for postage delays. If you have any queries, please contact the school office on **(09) 444 2222**.

There are 35 spaces available in this years ballot draw.

APPLICATIONS OPEN

MONDAY
17 SEPTEMBER 2018

APPLICATIONS CLOSE

THURSDAY
18 OCTOBER 2018
NO LATER THAN 4 PM

BALLOT DRAWN

THURSDAY 30
OCTOBER 2018

Learning is Freedom

PERSONAL DETAILS

This section must be completed by parents or legal guardians.

CHILD'S DETAILS

Expected Start Date
Family Name
Middle Name
Legal First Name
Preferred First Name
Date of Birth

Entry Level (Circle)	New Entrant	Y1	Y2	Y3	Y4	Y5	Y6
Gender	<input type="checkbox"/> MALE	<input type="checkbox"/> FEMALE					
Home Address	<hr/> <hr/> <hr/> <hr/>						

PARENT/GUARDIAN 1

Relationship to Child	
First Name	
Family Name	
Home Address	<hr/> <hr/> <hr/> <hr/>
Occupation	
Contact Phone	
Email	

PARENT/GUARDIAN 2

Relationship to Child	
First Name	
Family Name	
Home Address	<hr/> <hr/> <hr/> <hr/>
Occupation	
Contact Phone	
Email	

Should a ballot be necessary to determine out-of-zone placements at Bayview Primary School, the details given in this application will be used in such a ballot. Applications for out-of-zone enrolments will be processed in the following order of priority. **Please tick which priority you are applying under:**

- | | | |
|---|--|--|
| <input type="checkbox"/> 1. Siblings of current students* | <input type="checkbox"/> 3. Children of former students | <input type="checkbox"/> 5. All other applicants |
| <input type="checkbox"/> 2. Siblings of former students** | <input type="checkbox"/> 4. Children of a Board member / Children of Board employees | |

*Name of **CURRENT** Student/Sibling at Bayview Primary School

Date started at school	<input type="text" value="/"/>	Date left school	<input type="text" value="/"/>	Date of Birth	<input type="text" value="/"/>
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Name of **FORMER Student/Sibling at Bayview Primary School

Date started at school	<input type="text" value="/"/>	Date left school	<input type="text" value="/"/>	Date of Birth	<input type="text" value="/"/>
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Parent/Guardian Signature
X

Date

THIS APPLICATION FORM SHOULD BE RETURNED TO THE SCHOOL NO LATER THAN 4PM THURSDAY 18 OCTOBER 2018. BALLOT DRAWN: 25 OCTOBER 2018