Bayview Primary School

Bayview Rd Glenfield Auckland 0629 Phone: 09 444 2222 Email: office@bayview.school.nz





OUT-OF-ZONE BALLOT APPLICATION 2022

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 **3:00pm 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 30 spaces available in this years ballot draw.

APPLICATIONS OPEN

MONDAY 9 AUGUST 2021 APPLICATIONS CLOSE FRIDAY 15 OCTOBER 2021 NO LATER THAN 3 PM BALLOT DRAWN (IF REQUIRED) FRIDAY 22 OCTOBER 2021

Learning is Freedom

PERSONAL DETAILS

This section must be completed by parents or legal guardians.

CHILD'S DETAILS	
Expected Start Date	Entry Level New Y1 Y2 Y3 Y4 Y5 Y6 (Tick Box) Entrant
Family Name	Gender MALE FEMALE
Middle Name	Home Address
Legal First Name	
Preferred First Name	
Date of Birth	
PARENT/GUARDIAN 1	PARENT/GUARDIAN 2
Relationship to Child	Relationship to Child
First Name	First Name
Family Name	Family Name
Home Address	Home Address
Occupation	Occupation
Contact	Contact
Phone	Phone Email
Should a ballot be necessary to determine out-of-zone placements at Bayview Primary School, the details givenin 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: 1. Siblings of current students* 2. Siblings of former students** 4. Children of a Board member / Children of Board employees 	
*Name of CURRENT Student/Sibling at Bayview Primary School	
Date started / / Date left school	/ / Date of / / Birth / /
**Name of FORMER Student/Sibling at Bayview Primary School	
Date started / / Date left school	/ / Date of / / Birth
Parent/Guardian Signature	Date
X	
THIS APPLICATION FORM SHOULD BE RETURNED TO TH BALLOT DRAWN (IF REQUIRED): 22 OCTOBER 2021	IE SCHOOL NO LATER THAN 3PM FRIDAY 15 OCTOBER 2021.