

OUT-OF-ZONE | BALLOT APPLICATION 2025

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 into 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 outcomes 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 20 spaces available in this years ballot draw.

APPLICATIONS OPEN

MONDAY 2 SEPTEMBER 2024 APPLICATIONS CLOSE TUESDAY 15 OCTOBER 2024 NO LATER THAN 3 PM BALLOT DRAWN (IF REQUIRED) FRIDAY 25 OCTOBER 2024

www.bayview.school.nz

60 Bayview Road, Bayview 0629

09 444 2222

office@bayview.school.nz

PERSONAL DETAILS

This section must be completed by parents or legal guardians. CHILD'S DETAILS

Expected Start Date	Entr (Tic
Family Name	Ger
Middle Name	Hom Add
Legal First Name	
Preferred First Name	

Entry Level (Tick Box)	New Entrant	 Y1	 Y2	Y 3	 ¥4	¥5	Y 6
Gender							
Home Address							

PARENT/GUARDIAN 2

PARENT/GUARDIAN 1

Date of Birth

Relationship to Child		Relations to Child	hip				
First Name		First Name					
Home Address		Home Address					
Occupation		Occupati	on				
Contact Phone		Contact Phone					
Email		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: 1. Siblings of current students* 2. Siblings of former students** 3. Children of former students 5. All other applicants 4. Children of a Board Member/ Children of Board employees							
*Name of CURRENT Student/Sibling at Bayview Primary School	I						
Date started at school / / Date left sc	chool	1	1	Date of birth	Ι	1	
**Name of FORMER Student/Sibling at Bayview Primary Schoo	I						
Date started at school / / Date left sc	chool	1	1	Date of birth	Ι	1	
Parent/Guardian Signature		DATE					
THIS APPLICATION FORM SHOULD BE RETURNED TO THE SCHOOL NO LATER THAN TUESDAY 15TH OCTOBER 2024. BALLOT DRAWN (IF REQUIRED) 25TH OCTOBER 2024.							

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