

OUT-OF-ZONE APPLICATION FOR ENROLMENT AT BLEDISLOE SCHOOL

Date:

Name of parents/caregivers: _____

Address:

Phone number: _____

Full name of child: _____

Date of birth of child: _____

Intended date to start school: _____

Priority for enrolment - please highlight the applicable priority

1. Siblings of current pupils
2. Siblings of former pupils
3. Children of Board employees
4. All other students

OFFICE USE ONLY

Date received:

Ballot date:

Application result - enrolled / not enrolled

Parents/caregivers notified (tick when done)