



A community growing successful learners

OUT OF ZONE BALLOT APPLICATION

Child's Name: _____ Date of Birth: _____

Parent / Guardian Name: _____ Date of enquiry: _____

Permanent Address: _____

Email address: _____

Contact ph: _____

NZ Citizen/Residency: YES / NO

If no, please give eligibility details: _____
(eg: Student visa)

Please tick the appropriate box below that indicates your child's priority status:

Priority Number	Criteria	Indicate with a tick the priority your child is able to have
Priority Number 1	Only applies if we have an approved 'special programme' at our school. This does not apply at Glenfield Primary School	
Priority Number 2	Your child currently has a brother/sister attending GPS	
Priority Number 3	Your child has a brother/sister who has attended GPS in the past	
Priority Number 4	Your child has a mother/father who attended GPS in the past	
Priority Number 5	You are an employee of the Board of the school or you are a member of the board and you have a child who wants to attend GPS	
Priority Number 6	All other children who live out of the zone	

Statutory Declaration: The information I/we have provided in this application is true and correct, by virtue of the Oath and Declarations Act 1957.

Parent / Guardian Signature: _____

OFFICE USE ONLY:

Ballot Date: _____ Ballot Successful: Yes / No

Notified: _____ Method: _____

Enrolment Appointment made: Yes / No Date of appointment: _____