



A community growing successful learners

OUT OF ZONE BALLOT APPLICATION

Child's Name: _____ M / F (please circle) 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	<input type="checkbox"/>
Priority Number 2	Your child currently has a brother/sister attending GPS	<input type="checkbox"/>
Priority Number 3	Your child has a brother/sister who has attended GPS in the past	<input type="checkbox"/>
Priority Number 4	Your child has a mother/father who attended GPS in the past	<input type="checkbox"/>
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	<input type="checkbox"/>
Priority Number 6	All other children who live out of the zone	<input type="checkbox"/>

Statutory Declaration: I confirm that as an out of zone applicant, my child's attendance and on time arrival at school will not be affected by the distance needed to travel or the transport used to get to school.

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: _____