

# Application for Out of Zone Enrolment



Parua Bay School

The board has determined that there will be 15 places in Year 0 – 6 for out-of-zone applicants for 2019 school year. Applications close on Monday 22<sup>nd</sup> October 2018. If the number of out-of-zone applications exceeds the number of places available, students will be selected by ballot. If a ballot is required, it will be held on Tuesday 30<sup>th</sup> October 2018.

Please tick which priority applies:

- Priority One: Not applicable to Parua Bay School
- Priority Two: Siblings of current students
- Priority Three: Siblings of former students
- Priority Four: Child of a former student of the school
- Priority Five: Children of Board employees or members
- Priority Six: Other applicants

A separate application form is to be completed for each child applying.

## CHILD'S DETAILS

Legal First Names: \_\_\_\_\_

Legal Surname: \_\_\_\_\_

Preferred First Name: \_\_\_\_\_

Preferred Surname: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Gender: Male **OR** Female

Current Year Level **OR** New Entrant: \_\_\_\_\_

Previous School: \_\_\_\_\_

Country of Citizenship: \_\_\_\_\_

Ethnicities: \_\_\_\_\_ / \_\_\_\_\_

Child Lives with: \_\_\_\_\_

Place in Family: \_\_\_\_\_ of \_\_\_\_\_

## PARENT / CAREGIVER DETAILS

First Name: \_\_\_\_\_

Surname: \_\_\_\_\_

Relationship to Student: \_\_\_\_\_

Residential Address: \_\_\_\_\_

Postal Address: \_\_\_\_\_

Place of Work: \_\_\_\_\_

Occupation: \_\_\_\_\_

Phone Home: \_\_\_\_\_

Phone Work: \_\_\_\_\_

Mobile Phone: \_\_\_\_\_

First Name: \_\_\_\_\_

Surname: \_\_\_\_\_

Relationship to Student: \_\_\_\_\_

Residential Address: \_\_\_\_\_

Postal Address: \_\_\_\_\_

Occupation: \_\_\_\_\_

Place of Work: \_\_\_\_\_

Phone Home: \_\_\_\_\_

Phone Work: \_\_\_\_\_

Mobile: \_\_\_\_\_

Please state any medical or behavioural condition that may affect your child's learning or wellbeing at this school.

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Has your child had any help from outside organisations eg. Speech Language Therapist, Special Education Services.

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Name and date of birth of other younger children in the family

Name: _____	Date of Birth: _____
Name: _____	Date of Birth: _____
Name: _____	Date of Birth: _____

Name of any other children attending Parua Bay School:

Name: \_\_\_\_\_  
Name: \_\_\_\_\_  
Name: \_\_\_\_\_

I certify that the information provided on this application is to the best of my knowledge correct. I understand that details may be verified.

Applicants Signature: \_\_\_\_\_ Dated: \_\_\_\_\_