Application for Out of Zone Enrolment



The board has determined that 15 places in Year 0 - 8 are likely to be available for out-of zone students for the 2020 school year. The exact number of places will depend on the number of applications received from students who live within the school's home zone. Applications close on Tuesday 15 October 2019. 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 22nd October 2019.

lease tick which	n priority applies:				
	Priority One:	Not applicable	to Parua Bay School		
Priority Two: Priority Three: Priority Four: Priority Five:		Siblings of current students			
		Siblings of form	Siblings of former students Child of a former student of the school Children of Board employees or members		
		Child of a form			
		Children of Boa			
Priority Six:		Other applican	Other applicants		
A separate app	lication form is to be	e completed for each	n child applying.		
CHILD'S DETA	<u>IILS</u>				
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	l:	
Country of Citizenship:			Ethnicities:		
Child Lives with	າ:		_ Place in Family:	of	
PARENT / CAI	REGIVER DETAILS				
First Name:			Surname:		
Relationship to	Student:		_		
Residential Add					
Postal Address Place of Work:			Occupation:		
Phone Home:			Occupation:Phone Work:		
Mobile Phone:	·				
First Name:			Surname:		
	Student:				
Residential Add	dress:				
Postal Address	:				
Occupation:					
Phone Home:			Phone Work:		

Please state any medical or behavioural condition that may	affect your child's learning or wellbeing at this school.
Has your child had any help from outside organisations eg.	Speech Language Therapist, Special Education Services.
Jama and data of hirth of other value car children in the fa	on ill.
Name and date of birth of other younger children in the fa	mily
Name:	Date of Birth:
Name:	Date of Birth:
Name:	Date of Birth:
lame of any other children attending Parua Bay School:	
Name:	
Name:	
Name:	
certify that the information provided on this application is details may be verified.	s to the best of my knowledge correct. I understand that
Annlianata Cianatana	Detect
Applicants Signature:	Dated: