

Bayview Primary School

Bayview Rd Glenfield

Auckland 0629

Phone: 09 444 2222

Email: office@bayview.school.nz



OUT-OF-ZONE BALLOT APPLICATION 2020

Out-of-zone enrolment applications are now being accepted for entry into Bayview Primary School through the out-of-zone ballot. Please check carefully the entry level and priority for your child to ensure they are in the correct ballot draw.

If you reside out-of-zone and you wish for your child to be considered for enrolment through the out-of-zone ballot, you will need to complete this Ballot Application Form.

Please return the completed application form to the school no later than

4:00pm on the application closing date shown below.

Parents will be sent results of the outcome of the ballot within three school days of the ballot being held. Please allow for postage delays. If you have any queries, please contact the school office on **(09) 444 2222**.

There are 35 spaces available in this years ballot draw.

APPLICATIONS OPEN

MONDAY
2 SEPTEMBER 2019

APPLICATIONS CLOSE

WEDNESDAY 16
OCTOBER 2019
NO LATER THAN 4 PM

BALLOT DRAWN

WEDNESDAY
23 OCTOBER 2019

Learning is Freedom

PERSONAL DETAILS

This section must be completed by parents or legal guardians.

CHILD'S DETAILS

Expected Start Date
Family Name
Middle Name
Legal First Name
Preferred First Name
Date of Birth

Entry Level (Circle)	New Entrant	Y1	Y2	Y3	Y4	Y5	Y6
Gender	<input type="checkbox"/> MALE	<input type="checkbox"/> FEMALE					
Home Address	<hr/> <hr/> <hr/> <hr/>						

PARENT/GUARDIAN 1

Relationship to Child
First Name
Family Name
Home Address
Occupation
Contact Phone
Email

PARENT/GUARDIAN 2

Relationship to Child
First Name
Family Name
Home Address
Occupation
Contact Phone
Email

Should a ballot be necessary to determine out-of-zone placements at Bayview Primary School, the details given in this application will be used in such a ballot. Applications for out-of-zone enrolments will be processed in the following order of priority. **Please tick which priority you are applying under:**

1. Siblings of current students* 3. Children of former students 5. All other applicants
 2. Siblings of former students** 4. Children of a Board member / Children of Board employees

*Name of **CURRENT** Student/Sibling at Bayview Primary School

Date started at school	<input type="text"/> / <input type="text"/> / <input type="text"/>	Date left school	<input type="text"/> / <input type="text"/> / <input type="text"/>	Date of Birth	<input type="text"/> / <input type="text"/> / <input type="text"/>
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Name of **FORMER Student/Sibling at Bayview Primary School

Date started at school	<input type="text"/> / <input type="text"/> / <input type="text"/>	Date left school	<input type="text"/> / <input type="text"/> / <input type="text"/>	Date of Birth	<input type="text"/> / <input type="text"/> / <input type="text"/>
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Parent/Guardian Signature
X

Date

THIS APPLICATION FORM SHOULD BE RETURNED TO THE SCHOOL NO LATER THAN 4PM WEDNESDAY 16 OCTOBER 2019.

BALLOT DRAWN: 23 OCTOBER 2019