Bayview Primary School

Bayview Rd Glenfield Auckland 0629

Phone: 09 444 2222

Email: office@bayview.school.nz





OUT-OF-ZONEBALLOT APPLICATION 2021

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 3:00pm 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 30 spaces available in this years ballot draw.

APPLICATIONS OPEN

MONDAY 7 SEPTEMBER 2020

APPLICATIONS CLOSE

TUESDAY 15 OCTOBER 2020 NO LATER THAN 3 PM

BALLOT DRAWN

(IF REQUIRED) TUESDAY 22 OCTOBER 2020

PERSONAL DETAILS

This section must be completed by parents or legal guardians.

Expected Start Date					Entry Level (Circle)	New YI Entrant	Y2 Y3	Y4	Y5	Υ
- -amily Name					Gender	MALE	FEMAL	E		
Middle Name					Home Address					
∟egal First Name										
Preferred First Name										
Date of Birth										
ARENT/GUARI	DIAN 1				PARENT/GU	ARDIAN 2				
Relationship to Child					Relationship to Child					
First Name					First Name					
Family Name					Family Name					
Home Address					Home Address					
				_						
>					0					
Occupation Contact					Occupation Contact					
Phone					Phone					
Email					Email					
Should a ballot be this application wi following order of	ll be used i	n such a bal	lot. Applications	for out-of	zone enrolment					
1. Siblings of o					former students		other applic			
2. Siblings of	former stud	dents**	4. C	hildren of	a Board membei	r / Children of Boa	ird employe	es		
*Name of CURREN at Bayview Primary	T Student/ / School	Sibling (Sibling								
Date started at school	/	/	Date left school	/	/	Date of Birth	/	/		
**Name of FORME at Bayview Primary		Sibling								
Date started at school	/	/	Date left school	/	/	Date of Birth	/	/		
					Date					
Parent/Guardian Sig	nature				Dute					