

APPLICATION FOR OUT OF ZONE PLACEMENT

NAME OF CHILD:		DATE OF BIRTH:
RESIDENTIAL ADDRE	SS:	
LIVES WITH:		
CURRENT CLASS LEVEL:		CURRENT AGE:
Please indicate in the	box provided the priority unde	r which you are seeking enrolment.
First Priority		able at this school because the school does not run a d by the Ministry of Education.
Second Priority	Will be given to any applica	nt who is the sibling of a current student of the school.
	Sibling Name:	
Third Priority	Will be given to any student	who is the sibling of a former student of the school.
	Sibling Name:	
Fourth Priority	Will be given to any applicat	nt who is a child of a former student of the school.
	Former Student Nar	ne:
Fifth Priority		nt who is either a child of an employee of the board of ember of the board of the school.
Sixth Priority	Will be given to all other ap	olicants.
It may be necessary t	o hold a ballot for places at any	class level where vacancies may occur.
You will be informed	of the outcome of the ballot wi	thin three days of any ballot being held.
Parent Name:		
Signed:	Dat	e:
Contact phone:		Email: