

**OUT OF ZONE APPLICATION FORM**

|  |  |
| --- | --- |
| **Date:** |  |
|  |  |
| **Child’s Information:** |  |
| Surname |  |
| First Names |  |
| Date of Birth |  |
|  |  |
| **Current Education Information:** |  |
| Pre-School attending |  |
| School Year Group |  |
|  |  |
| **Parents’ Information:** |  |
| Home Address |  |
|  |  |
| Phone |  |
| Email Address |  |
| Mother’s Name |  |
| Dad’s Name |  |
|  |  |
| **Ballot Information:** |  |
| Address Confirmed  | Yes  |  | No |  |  |
| Out of Zone | *Tick the applicable information below:* |
|  | Sibling of current student |  |
|  | Sibling of former student |  |
|  | Child of former student |  |
|  | Child of Staff or BOT Member |  |
|  |  |