



OUT OF ZONE BALLOT APPLICATION 2021

Out of zone enrolment applications are now being accepted for entry in Island Bay 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 for the 2021 school year, through the out of zone ballot, you will need to complete this Ballot Application Form. Please return the completed 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 via email within three school days of the ballot being held. If you have any queries, please contact the school office on **04 9393010**.

APPLICATIONS OPEN
24 AUGUST 2020

APPLICATIONS CLOSE
17 SEPTEMBER 2020

BALLOT DRAWN
18 SEPTEMBER 2020

Email us: admin@islandbay.school.nz

Phone: 04 9393010

Personal Details

This section must be completed by parents or legal guardians

TE KURA
O TAPU
TE RANGA

Child's details

Expected Start Date		Entry Level		
Family Name		Gender	Male	Female
Middle Name		Home Address		
Legal First Name				
Preferred First Name				
Date of Birth				

Parent/Guardians 1

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

Parent/Guardians 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 Island Bay 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 IBS			
Date started at school / /	Date left school / /	Date of birth / /	
*Name of FORMER student/sibling at IBS			
Date started at school / /	Date left school / /	Date of birth / /	
Parent/Guardian Signature:	Date		