



Priority 3 Out of Zone Ballot Pre- Enrolment

Third priority [3] must be given to applicants who are the siblings of former Seatoun School students.

What year is this out of zone ballot enrolment for? _____

Child's Details:

Surname _____

First Names _____

Date of Birth _____ Gender - Male / Female

Please note students enrolling for the first time must produce proof of age

Place in family ___ of ___ (e.g 1 of 3) School Year next year (Y0, Y1, Y2, Y3, Y4, Y5, Y6, Y7 or Y8)

Name of school(s) previously attended _____

New Zealand Residency Yes / No (*Proof required – passport or birth certificate*)

Name(s) of siblings presently attending Seatoun School:

Permanent Residential and Contact Address:

Parent /Guardian Details:

1. Surname _____ First Name(s) _____

Phone details: Hm. _____ Wk. _____ Cell _____

Email: _____

2. Surname _____ First Name(s) _____

Phone details: Hm. _____ Wk. _____ Cell _____

Email: _____

Statutory Declaration:

The information I/ we have provided in this application is true and correct, by Virtue of the Oath and Declarations Act 1957.

Signature(s) of Parent/ Guardian: _____ Date of Application: _____