



**ARDMORE PRIMARY SCHOOL
OUT OF ZONE-ENROLMENT APPLICATION**

FAMILY NAME _____ HOME PHONE NO: _____

ADDRESS: _____

DETAILS OF CHILD/REN WANTING TO ENROL AT ARDMORE SCHOOL

NAME: _____ . BIRTHDATE...../...../.....
NAME: _____ BIRTHDATE...../...../.....
NAME: _____ . BIRTHDATE...../...../.....

NAME OF SCHOOL CHILD IS CURRENTLY ATTENDING (if applicable) _____

NAME(S) OF SIBLING(S) ATTENDING ARDMORE SCHOOL CURRENTLY

NAME: _____

NAME(S) OF SIBLING(S) WHO HAVE PREVIOUSLY ATTENDED ARDMORE SCHOOL

NAME: _____

PARENT/GUARDIAN DETAILS:

NAME: _____
WORKPLACE: _____ WORK PH NO _____

NAME: _____
WORKPLACE: _____ WORK PH NO. _____

INFORMATION RE CHILD: eg Health, Allergies, Disabilities, Learning Needs, etc

DATE: _____ PARENT/GUARDIAN

SIGNATURE: _____

FOR OFFICE USE ONLY

- Priority Group: _____
- Accepted - Yes/No: _____
- Place on Waiting List _____
- Ballot Date _____

In-Zone/Out (Delete one)

Date Received: _____