

Out of Zone Enrolment Application

Family Name _____ Home phone No: _____
Address: _____

Details of child/ren wanting to Enrol at Clevedon School

Name: _____ Birthdate...../...../..... Male/Female
Name: _____ Birthdate...../...../..... Male/Female
Name: _____ Birthdate...../...../..... Male/Female

Name of School child is Currently Attending (if Applicable) _____

Name(S) of Sibling(S) Attending Clevedon School Currently

Name: _____

Name(S) of Sibling(S) who have Previously Attended Clevedon School

Name: _____

Parent/Guardian Details:

Name: _____ Mr/Mrs/Ms/Miss
Email Address: _____ Mobile No: _____

Name: _____ Mr/Mrs/Ms/Miss
Email Address: _____ Mobile No: _____

Information re Child: eg Health, Allergies, Disabilities, Learning Needs, etc

Date: _____

Parent/Guardian Signature: _____

For office use only

Date Received: _____

Priority Group: _____

Accepted – Yes/No: _____

Place on Waiting List _____

Ballot Date _____

