



**COCKLE BAY SCHOOL**  
**2024 OUT OF ZONE APPLICATION FOR ENROLMENT**  
**Applications close 11 October 2023**

**PLEASE NOTE** - this is an application for enrolment only and applies to all Out of Zone applicants to be considered for enrolment during 2024. If your application is successful you will be required to complete an enrolment form.

<b>Student's Full Legal Name</b>	<b>Surname</b>	<b>First Name(s)</b>	<b>Preferred Name</b>
<b>Address</b> _____ _____			
<b>Current Kindergarten/School</b>		<b>Male or Female</b> <small>(please circle one)</small>	<b>Date of Birth</b>  Day      /      Month      /      Year
<b>Primary Caregiver's Name</b>	<b>Surname</b>	<b>First Name</b>	<b>Contact Number</b>
	<b>Email</b> <small>(please write clearly)</small>		
<b>2024 Year Level</b> Year 0   Year 1   Year 2   Year 3   Year 4   Year 5   Year 6 <small>(please circle one)</small>			
<p>If there are more out of zone applications for students who live outside Cockle Bay School's home zone, than there are places available, selection will be by ballot in the priority order as listed below.</p> <p>This ballot will be held on <b>Wednesday, 18 October 2023.</b></p>			
<p><b>Please tick the appropriate box(es) below</b></p> <div style="display: flex; align-items: flex-start; margin-bottom: 10px;"><div style="width: 40px; text-align: center;"><input type="checkbox"/></div><div>First priority is given to any applicant who has been accepted for enrolment in a special programme run by the school.</div></div> <div style="display: flex; align-items: flex-start; margin-bottom: 10px;"><div style="width: 40px; text-align: center;"><input type="checkbox"/></div><div>Second priority will be given to any applicant who is the <b>sibling of a current student</b> of Cockle Bay School.</div></div> <div style="display: flex; align-items: flex-start; margin-bottom: 10px;"><div style="width: 40px; text-align: center;"><input type="checkbox"/></div><div>Third priority will be given to any applicant who is the <b>sibling of a former student</b> of Cockle Bay School.</div></div> <div style="display: flex; align-items: flex-start; margin-bottom: 10px;"><div style="width: 40px; text-align: center;"><input type="checkbox"/></div><div>Fourth priority will be given to any applicant who is a <b>child of a former student</b> of Cockle Bay School. Name of Parent, Date of Birth and Year(s) attended  _____</div></div> <div style="display: flex; align-items: flex-start; margin-bottom: 10px;"><div style="width: 40px; text-align: center;"><input type="checkbox"/></div><div>Fifth priority will be given to any applicant who is either a child of an employee of the Board of Cockle Bay School or a child of a member of the Board of Cockle Bay School.</div></div> <div style="display: flex; align-items: flex-start;"><div style="width: 40px; text-align: center;"><input type="checkbox"/></div><div>Sixth priority will be given to all other applicants.</div></div>			
<p>I confirm that the information supplied in this application is true and correct to the best of my knowledge.</p> <p><b>Name</b> _____ <b>Relationship to the child</b> _____</p> <p><b>Signature</b> _____ <b>Date</b> _____</p>			

Information collected on this form will be used for out of zone enrolment purposes only. Unsuccessful applications will not be kept.

**Office Use Only**   Date Received .....   Accepted   /   Declined (please circle one)