



COCKLE BAY SCHOOL  
STRIVE ON

# COCKLE BAY SCHOOL 2025 OUT OF ZONE APPLICATION FOR ENROLMENT

Applications close 15 October 2024

PLEASE NOTE - this is an application for enrolment only and applies to all Out of Zone applicants to be considered for enrolment during 2025. 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> (please circle one)	<b>Date of Birth</b> Day / Month / Year	
<b>Primary Caregiver's Name</b> (please write clearly)	<b>Surname</b>	<b>First Name</b>	<b>Contact Number</b>
	<b>Email</b> (please write clearly)		
<b>2025 Year Level</b> Year 0   Year 1   Year 2   Year 3   Year 4   Year 5   Year 6 (please circle one)			
<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. This ballot will be held on <b>Wednesday, 23 October 2024.</b></p>			
Please tick the appropriate box(es) below			
<input type="checkbox"/>	First priority is given to any applicant who has been accepted for enrolment in a special programme run by the school. This is not applicable to this school.		
<input type="checkbox"/>	Second priority will be given to any applicant who is the <b>sibling of a current student</b> of Cockle Bay School.		
<input type="checkbox"/>	Third priority will be given to any applicant who is the <b>sibling of a former student</b> of Cockle Bay School.		
<input type="checkbox"/>	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 _____		
<input type="checkbox"/>	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.		
<input type="checkbox"/>	Sixth priority will be given to all other applicants.		
I confirm that the information supplied in this application is true and correct to the best of my knowledge.			
<b>Name</b> _____		<b>Relationship to the child</b> _____	
<b>Signature</b> _____		<b>Date</b> _____	

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)