



COCKLE BAY SCHOOL

2026 OUT OF ZONE APPLICATION FOR ENROLMENT

Applications close 8 October 2025

PLEASE NOTE - this is an application for enrolment only and applies to all Out of Zone applicants to be considered for enrolment during 2026. If your application is successful you will be required to complete an enrolment form.

Student's Full Legal Name	Surname	First Name(s)	Preferred Name
Address _____ _____			
Current Kindergarten/School		Male or Female (please circle one)	Date of Birth Day / Month / Year
Primary Caregiver's Name (please write clearly)	Surname	First Name	Contact Number
	Email (please write clearly)		
2026 Year Level Year 0 Year 1 Year 2 Year 3 Year 4 Year 5 Year 6 (please circle one)			
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 Wednesday, 15 October 2025 .			
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 sibling of a current student of Cockle Bay School.			
<input type="checkbox"/> Third priority will be given to any applicant who is the sibling of a former student of Cockle Bay School.			
<input type="checkbox"/> Fourth priority will be given to any applicant who is a child of a former student 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.			
Name _____		Relationship to the child _____	
Signature _____		Date _____	

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)