

APPLICATION FOR ENROLMENT AT GREENMEADOWS SCHOOL

Date: _____

Name of parents/caregivers: _____

Address: _____

Phone contact: _____

Full name of child: _____

Name child is known by: _____

Current Year group of child: _____

Date of birth of child: _____

Proposed date to start: _____

In zone? YES NO If 'Yes' please provide proof of address.

If Out of Zone: Priority for enrolment - please indicate the priority:

1. Sibling of current pupil
2. Sibling of former pupil
3. Child of former student
4. Children of Board employees
5. All other students

OFFICE USE ONLY

Date received:

Ballot date:

Application result - enrolled / not enrolled

Parents / caregivers notified Date: _____