



Darfield PRIMARY SCHOOL

Standing Tall: Reaching our Potential

Application for Out of Zone Placement

Child's Full Name: _____

Date of Birth: _____

Present Class Level (if starting school, write New Entrant): _____

Address that will be the child's usual place of residence (please provide proof of address) :

Parents/Caregivers Names: _____

Hone phone: _____ Cellphone: _____

To establish the child's priority category, please tick the highest priority which applies to your child and supply supporting information required to confirm your choice:

- Priority 1 : DOES NOT APPLY AT THIS SCHOOL
- Priority 2: Please write the details of any siblings who are current pupils of this School
- Priority 3: Please write the details of any siblings who are former pupils of this school
- Priority 4: Please write the name of the child's parent here if the parent is an employee of the Darfield Primary School's Board of Trustees:
- Priority. 5: Please tick this box if NONE of the other priorities applies.

I confirm that the information I have provided is true and correct.

(Parent/Caregiver's signature)

(Date)