



OUT OF ZONE ENROLMENT FOR 2009 – APPLICATION FOR BALLOT

All applications must be received by 4.00 pm Friday 5 September 2008

Please PRINT all answers in BLOCK LETTERS

Student's family name: _____ Given names: _____

Date of birth: _____ Male/Female: _____

Current School: _____ Current Year level: _____

Full name of Parent/Caregiver: Mr/Mrs/Ms: _____

Home Address of Parent/Caregiver: _____

Contact phone/s of Parent/Caregiver: _____

PLEASE INDICATE THE PRIORITY UNDER WHICH YOU ARE APPLYING

PRIORITY 1 – CURRENT SIBLING

Name of current sibling _____

Tutor Group of current sibling _____

PRIORITY 2 – FORMER SIBLING

Name of former sibling _____

House and final year of sibling: _____

PRIORITY 3 – CHILDREN OF CURRENT EDGEWATER COLLEGE STAFF

Name of Staff member _____

PRIORITY 4 – OTHER (*All other Out of Zone Applicants*)

Parent/Caregiver Signature:

NOTE: Please do not send any other documents with this application form.

OFFICE USE ONLY

Date of receipt:

**APPLICATION
NUMBER:**

CLOSING DATE FOR APPLICATIONS: 4.00 pm, Friday 5 September 2008



EDGEWATER COLLEGE

RECEIPT

This slip will be completed by Edgewater College and returned to the applicant

Application for Ballot for: _____

Received by: _____ Date: _____

**APPLICATION
NUMBER:**

*A ballot will be held on Monday 15 September 2008 if applications exceed the number of places available.
You will be notified promptly of the result.*