



OUTRAM SCHOOL APPLICATION FOR OUT OF ZONE ENROLMENT

Student's Name: _____

Address: _____

Date of Birth: _____

Entry Year Level: _____

Priority 1 – applicants who are siblings of current students
Priority 2 – applicants who are siblings of former students
Priority 3 – applicants who are children of a former student
Priority 4 – applicants who are children of an employee of the school board
Priority 5 – all other applicants

Priority Status: _____

Parent's Signature: _____

Office:

Board Meeting: _____

Ballot Required: Yes / No

Decision: Accepted / Not Accepted