



OUT OF ZONE – APPLICATION FORM PLEASE COMPLETE THIS FORM WHERE APPLICABLE

EXPLANATION OF PRIORITY'S FOR OUT OF ZONE

Priority 1: Students accepted for enrolment in a special programme run by the school; and approved by the Secretary for Education.

Please note: Brooklyn School does not have Priority 1 students.

Priority 2: Siblings of current students;

Priority 3: Siblings of former students;

Priority 4: Child of former students;

Priority 5: Child of board employees or board member;

Priority 6: All other students

Please Tick **Priority 2:** **3:** **4:** **5:** **6:**

Out of Zone enrolment for year: **2026** **2027**

Student's First Name:

Student's Surname:

Date of Birth: ____/____/____

(A copy of the child's Birth Certificate or Passport must accompany this form)

Gender: Please Tick

Male Female Neutral

**Place in Family:
(e.g 1:3)**

Permanent Residential Address:

(Please provide copy of Proof of Address – Utility Bill/Rates/Tenancy or Property Agreement)

NZ Resident: YES NO If **NO** – a copy of child's Student Visa **must** accompany this form

Current (NZ) School attending:

Current School Year:

or: **New Entrant**

Name of (NZ) Early Childhood Centre attended (If New Entrant):

For Priority 2: Name of sibling/s who currently attend Brooklyn School:

For Priority 3: Name of former siblings/parent who attended Brooklyn School:

Years Attended:

1: Parent / Guardian Details (Please provide proof of ID - Passport or Drivers Licence)

Surname:

First Name:

Mobile:

Email:

2: Parent / Guardian Details (Please provide Proof of ID – Passport or Drivers Licence)

Surname:

First Name:

Mobile:

Email:

Statutory Declaration:

The information I/we have provided in this Out of Zone Application is true and correct, by Virtue of the Oath and Declarations Act 1957.

Signature of Parent

Signature of Parent

Office Use Only: POI Child POI Parent/caregiver 1 POI Parent/caregiver 2 POA