



BUCKLAND SCHOOL

OUT OF ZONE BALLOT APPLICATION

Name of Parents _____

Name of Child _____

Date of Birth _____

Residential Address _____

Telephone Number _____

Date of Application _____

Please tick the appropriate box for your child:

- | | | |
|-------------------|---|--------------------------|
| Priority 1 | This priority category is not applicable at this school because the School does not run a special programme approved by the Secretary | |
| Priority 2 | Resides outside the Buckland School geographic zone, but is the sibling of a current student of the school | <input type="checkbox"/> |
| Priority 3 | Resides outside the Buckland School geographic zone, but is the sibling of a former student of the school | <input type="checkbox"/> |
| Priority 4 | Resides outside the Buckland School geographic zone, but is a child of a former student of the school | <input type="checkbox"/> |
| Priority 5 | Resides outside the Buckland School Geographic zone. Is the child of a Buckland School Board of Trustees employee or a child of a member of the board of the school | <input type="checkbox"/> |
| Priority 6 | All other applicants | <input type="checkbox"/> |

Thank you for your interest in enrolling your child at Buckland School. Within three days of the ballot date the Board of Trustees will write to all parents involved in the ballot to inform them of the outcome of the ballot.