



BUCKLAND SCHOOL

OUT OF ZONE BALLOT APPLICATION

Name of Child _____

Name of Parents _____

Child's Date of Birth _____

Residential Address _____

Email 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

Priority 3 Resides outside the Buckland School geographic zone, but is the sibling of a former student of the school

Name of Sibling _____ Yrs Attended _____

Priority 4 Resides outside the Buckland School geographic zone, but is a child of a former student of the school

Parent Name _____ Yrs Attended _____

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 current member of the Board of the school

Priority 6 All other applicants

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.