

Leamington School

Phone: 07-827 5747 Fax:07-827 8196

Email: principal@leamington.school.nz

Lamb Street Cambridge

Applications need to be received by the school before Wednesday 26 October 2011

Application for Out of Zone enrolment

We wish to apply for an out of zone place at Leamington School for our child/ren. We understand that out of zone applications are governed by the school enrolment scheme as outlined on the school website.

				school/preschool	
				, ,	
Names of younger siblings who	may also atten	d Leamington	School in futi	ire vears	
Name of child:	Date of b		Year level	Current	
	Date of b	n thi dender		school/preschool	
				School, preschool	
Parent Contact Information					
Parent/Caregiver:					
Home address:					
Mobile phone:		<u>Home phone</u>			
<u>Workplace</u>		Work phone			
Email address					
Signed:		<u>Date</u>			
		(<u>Parent/Care</u>	egiver)		
Were you a former student of l	<u>Leamington Sc</u>	<u>100l?</u>		Yes / No	
If yes, what years?					
			attended Lear	nington School? (This	
Have you had any children who	'a hallot ic roos	ıired)			
moves you up the priority list if				1	
moves you up the priority list if Names of children who are atte	ending / have a	ittended Leam		<u>[</u>	
moves you up the priority list if			ington School Year level	<u>Current</u>	
moves you up the priority list if Names of children who are atte	ending / have a	ittended Leam			