

## OUT OF ZONE BALLOT ENROLMENT REQUEST

**Child's Name** .....

**DOB** .....

**Parent Name** .....

**Address** .....

.....

.....

**Contact Ph No/s** .....

**Date of enquiry** .....

**Reason for enrolment request** .....

.....

.....

.....

**Please email the completed form to  
office@avondaleprimary.school.nz**