

Out Of Zone Enrolments for 2019



Because of roll growth, Marina View School operates an Enrolment Zone as required by the Ministry of Education. There will be limited Out of Zone places, however, the number of places available has not yet been determined. If required, children will be selected through a Ballot system. It is Government policy that those with siblings already attending Marina View School will have priority at the time of a Ballot.

- **Closing date for Out of Zone applications is MAY 2019 (Date TBC)**

If a Ballot is required, it will be held on MAY 2019 (Date TBC)

Marina View School office will inform you within 5 working days, of the outcome of your application. Those wishing to be included in the Ballot system are asked to complete and return the Application Form below. Applications for enrolment will be processed in the following order of priority:

- | | |
|------------------|---|
| First Priority: | This priority is not applicable as the school does not run a special programme approved by the Secretary For Education. |
| Second Priority: | Will be given to applicants who are siblings of current students |
| Third Priority: | Will be given to applicants who are siblings of former students |
| Fourth Priority: | Will be given to any applicant who is a child of a former student of the school |
| Fifth Priority: | Will be given to applicant who are children of Board employees |
| Sixth Priority: | Will be given to all other applicants |

Maurice Young
Principal

Application for Ballot for Enrolment at Marina View

Family/Surname: _____

MALE

FEMALE

Student's First Name: _____ Date of Birth: ___ Day ___ Month ___ Year

* Does the applicant have an older sibling attending M.V.S.? Yes No

If Yes, Name of Sibling: _____ Room No: _____

* Is the child's parent a former pupil of Marina View School, if so please state years of attendance and Maiden Name:

Years of Attendance at MVS:to

Parent's Maiden Name: _____
(If applicable)

If child already at school – Name of School: _____

Current year level? YEAR _____

Does your child have any special requirements: Yes / No

Parent/Caregiver Name: (Please print clearly) _____

First Name

Surname

Address: _____

EMAIL ADDRESS: _____

Phone: Home: _____ Cellphone: _____

Return the completed form to the school office by2019

OTHER INFORMATION: _____

Date of Application: _____