

# APPLICATION FOR OUT OF ZONE ENROLMENT



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Lynfield College

**Note:** Receipt of your application will be acknowledged immediately by letter. Please contact the College if you do not receive a letter of acknowledgement.  
**Please do not attach any further information at this stage.**

## Student

Family Name: .....

Given Name(s): .....

Preferred Name: .....

Date of Birth: .....

Gender:  Male  Female

Address: .....

.....

.....

Home Phone: .....

Current school: .....

Applying for enrolment at Year: 9  10  11  12  13

## Priority Category (tick only one box)

Brother or sister of a current student

Brother/sister's name: .....

Current Year level: .....

Brother or sister of a former student

Brother/sister's name: .....

Last year of attendance: .....

Child of Board employee

Other (no existing association with the College)

## Contact information of one Parent/Caregiver for correspondence

Parent / Caregiver:  Mother  Father  Other: .....  
(please specify relationship to student)

Name: .....

Address: .....

.....

.....

Phone: Home: ..... Work: .....

Mobile: .....

Fax: Home/Work: .....

email: .....