



# LYNFIELD COLLEGE

## Out of Zone Enrolment Application

191 White Swan Road, Mt Roskill, Auckland 1041, New Zealand, T. (09) 627 0600, E. admin@lynfield.school.nz, www.lynfield.school.nz

*Please 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 Details

Family Name: \_\_\_\_\_

First Name: \_\_\_\_\_ Middle Name/s: \_\_\_\_\_

Preferred Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Gender:  Male  Female  Prefer not to answer

Address: \_\_\_\_\_

\_\_\_\_\_ Postcode: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Mobile Phone: \_\_\_\_\_

Current School: \_\_\_\_\_

Applying for Enrolment at Year: 9  10  11  12  13

### Priority Category (please 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 a former student

Former student's name: \_\_\_\_\_ Last year of attendance: \_\_\_\_\_

Child of a Board of Trustees member or employee

Other (No existing association with the College)

### Contact Information of one Parent/Caregiver for Correspondence

Parent / Caregiver:  Mother  Father  Other (please specify): \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_ Postcode: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Mobile: \_\_\_\_\_ Email: \_\_\_\_\_