



**LYNFIELD  
COLLEGE**

# OUT OF ZONE ENROLMENT APPLICATION

Lynfield College: 191 White Swan Road, Mt Roskill, Auckland 1041

Phone (09) 627 0600, Email [admin@lynfield.school.nz](mailto:admin@lynfield.school.nz), [www.lynfield.school.nz](http://www.lynfield.school.nz)

*Please Note: Receipt of your application will be acknowledged immediately by letter. 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: \_\_\_\_\_