Goodwood School, 517 Fencourt Road, RD 1, Cambridge 3493.
Ph: 07 827 6817 email: office@goodwood.school.nz

Ballot Application for Out of Zone Entry

Student Details	
Family Name: First Name:	Date of birth: Male/Female (please circle) Country of birth:
New Zealand Residency: Yes/No (please circle) Previous school/or ECE (if any)	Year Level (please circle) New Entrant, Y1, Y2, Y3, Y4, Y5, Y6 Name of Sibling/s (if applicable)
Address where student resides:	

Parent/Caregiver Details	
Mother/Guardian Name:	Father/Guardian Name:
Address (if different to student)	Address (if different to student)
Phone number:	Phone number:
Email (please print clearly)	Email (please print clearly)

Priority will be given to those who are siblings of current students
I / we confirm that all the information given on the enrolment form is true and correct. Signature(s) of parent/Guardian(s): _____ Date of Application: _____
Office Only: Contacted: Yes / No Accepted: Yes / No Date: