

David Street School

Ballot Registration

Enrolment Period:

Child's Name: _____

Child's Date of Birth: _____

Residential Address: _____

Please check the appropriate box to indicate your ballot priority

_		
First Priority		This priority category is not applicable at this school because the school
	-	does not run a special programme approved by the Secretary
S	econd must be given to any applicant who is the sibling of a current student of the	
P	Priority	school
Т	Third	must be given to any student who is the sibling of a former student of the
P	Priority	school
F	ourth	must be given to any applicant who is a child of a former student of the
P	Priority	school
F	ifth Priority	must be given to any applicant who is either a child of an employee of the
		board of the school, or a child of a member of the board of the school
S	lixth	must be given to all other applicants
P	Priority	

Parent's Name:	
Phone no: (Home)	_(Mobile)
Email address:	
Parent Signature:	Date:

Office – Date Received: _____