



GOODWOOD SCHOOL

ENROLMENT BALLOT FOR 2019

PARENT / CAREGIVER NAME/S:

ADDRESS:

.....

CONTACT PHONE NUMBER: Home:

Mobile:

I / we wish to enrol our child / children

..... at Goodwood School

beginning / during 2019.

I / We have filled out the necessary enrolment form/s.

I/ We understand that if the number of out of zone applications exceed the
number of places available, students will be selected by ballot.

I / we confirm that all the information given on the enrolment form/s is true and
correct.

Signed:

Date: