



Application to Enrol Out of Zone Student

This application form will be placed in the next available ballot. In the case of a New Entrant, this form will be placed in the ballot applicable to their eligible time to enrol. This form is only for a child who has the right to be enrolled at a New Zealand school.

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| Surname | |
| First Name | |
| Primary Caregiver | |
| Secondary Caregiver | |
| Date of Birth | |
| Home Address | |
| Contact Number (home, work or mobile) | |
| E-Mail Address | |
| Please Circle Where Applicable | <ol style="list-style-type: none"> 1. This priority category is not applicable at this school because the school does not run a special programme approved by the Secretary. 2. Applicants who are siblings of a current pupil. 3. Applicants who are siblings of a former pupil. 4. Applicants who are children of a former pupil. 5. Applicants who are children of an employee of the board of the school or a child of a member of the board of the school. 6. All other applicants. |

N.B: This is not an enrolment form; successful applicants will need to fill in the school enrolment forms.

False information given on this form may be used to invalidate enrolment.

All the above information is correct.

Name Signature:

Date