

WAITOKI SCHOOL OUT OF ZONE ENROLMENT APPLICATION



Family Name: _____

Address: _____

Details of child/ren wanting to enrol at Waitoki School:

Name: _____ Birth date/...../.....

Name: _____ Birth date/...../.....

Name: _____ Birth date/...../.....

Name: _____ Birth date/...../.....

Name of School currently attending (if applicable) _____

Parent/Guardian details:

Name: _____ Relationship to child(ren): _____

Email address: _____ Mobile Number: _____

Name: _____ Relationship to child(ren): _____

Email address: _____ Mobile Number: _____

Current/previous relationship of child with Waitoki School (Please circle any appropriate)

Sibling of current student - Name _____

Sibling of former student - Name _____

Child of a former student - Name _____

Parent/Guardian Signature _____ Date _____

For official use only:

Date received: _____ Priority Group: _____

Accepted: Yes/No _____ Ballot Date _____ Place on Waiting List _____