



# HURUPAKI SCHOOL

## APPLICATION FOR OUT OF ZONE ENROLMENT

ENROLMENT PERIOD: January 2021 – December 2021

DATE OF APPLICATION: \_\_\_\_\_

PARENTS/CAREGIVERS NAME(S): \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE: \_\_\_\_\_

RECEIVED: (DATE STAMP)  <p style="text-align: right;">(Office Use)</p>
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CHILD'S NAME: \_\_\_\_\_ MALE / FEMALE

DATE OF BIRTH: \_\_\_\_\_

SCHOOL PREVIOUSLY ATTENDED \_\_\_\_\_ YEAR \_\_\_\_\_ (If applicable)

PRIORITY: Please circle (refer attached letter)                      2                      3                      4                      5                      6

If Priority 2 or 3 please state the name of **last sibling** attending Hurupaki School & date attended:

\_\_\_\_\_

**OTHER MEMBERS OF THE FAMILY LIKELY TO BE ATTENDING IN THE FUTURE:**

*(Application will need to be made for these members at a future date as enrolment is not automatic but based on the priority criteria.)*

NAME \_\_\_\_\_

DATE OF BIRTH \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

SIGNED: \_\_\_\_\_