HURUPAKI SCHOOL

APPLICATION FOR OUT OF ZONE ENROLMENT

ENROLMENT PERIOD: January 2023 – December 2023

DATE OF APPLICATION: _____

PARENTS/CAREGIVERS NAME(S): _____

ADDRESS: _____

EMAIL: _____

_____

PHONE: _____

RECEIVED: (DATE STAMP)

(Office Use)

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: _____