

# HURUPAKI SCHOOL

## APPLICATION FOR OUT OF ZONE ENROLMENT ENROLMENT PERIOD: January 2024 – December 2024



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

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

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

EMAIL: \_\_\_\_\_

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

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: \_\_\_\_\_

RECEIVED: (DATE STAMP)  
  
(Office Use)