WAITOKI SCHOOL
OUT OF ZONE ENROLMENT APPLICATION 2026

Family Name:_____

Address: _____ **Date of Enquiry:**_____

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

Name: _____M/F Birth date:_____ Current Yr level_____

Name: _____M/F Birth date:_____ Current Yr level_____

Name: _____M/F Birth date:_____ Current Yr level_____

Name of School or Kindy 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: _____

Please circle which Priority you are applying under (see below): 2 3 4 5 6:

2: Applicants who are siblings of current students. Name :_____
3: Applicants who are siblings of former students. Name :_____
4: Applicant who is a child of a former student of the school: Name: _____
5: Applicant who is either a child of an employee of the Board or a child of a member of the Board of the school.
6: All other applicants.

Waitoki School will acknowledge receipt of your application at the time it is received. Ballot applications must be received by 3pm Wednesday 8th October 2025 and will be drawn Wednesday the 15th October 2025 for a place starting in 2026.(Waitoki School Office will inform you within 3 working days of the ballot result).

Statutory Declaration: I confirm that as an out of zone applicant, my child's attendance and on time arrival at school will not be affected by the distance needed to travel or the transport used to get to school. The information I/we have provided in this application is true and correct, by virtue of the Oath and Declarations Act 1957.

Parent / Guardian Signature: _____ Date _____

For official use only:
Priority Group:____ Ballot Date:_____ Place Accepted: Yes/No Place on Waiting List:_____
No Ballot: Place Accepted: Yes/No Tour Booked:_____ Enrolment confirmed: Yes/No