WAITOKI SCHOOL OUT OF ZONE ENROLMENT APPLICATION



Family Name:			
Address:	_	Date of Enquiry:	
Details of child/ren wanting to enrol at Wait	toki Sc	hool:	
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:	M/F	Birth date:	Current Yr level
Name of School currently attending (if applical	ble)		
Parent/Guardian details:			
Name:		_Relationship to child(re	en):
Email address:	Mobile	Number:	
Name:		Relationship to child(re	n):
Email address:	Mob	oile Number:	
Current/previous relationship of child with	Waitol	ki School (Please circl	e any appropriate)
2.Sibling of current student - Name			
3.Sibling of former student - Name			
4.Child of a former student - Name			
Statutory Declaration: I confirm that as an ouat school will not be affected by the distance n information I/we have provided in this application Act 1957. Parent / Guardian Signature:	eeded ion is tr	to travel or the transporue and correct, by virtu	rt used to get to school. The
For official use only: Priority Group: Ballot Date: No Ballot: Place Accepted: Yes/No Tour!			