

APPLICATION FOR ENROLMENT

IN ZONE

Section A Prospective Pupil

Pupil's Surname: _____

First Name(s): _____

Present School/Pre School: _____

Present Class: _____ Desired Commencement Date: _____

Date of Birth: _____ Boy/Girl (please circle)

Country of Birth: _____ Date of N.Z. Residency: _____
(Please provide proof of N.Z. Residency eg Birth Certificate or Passport)

Names and birthdates of siblings currently attending this school:

_____	_____
_____	_____
_____	_____

If you have applied for your child to attend another school in the future, please indicate which and at what class level:

Please attach proof of residential address ie. copy of Power Account, Telephone Account.

Please provide details of any special circumstances which might support this application.

P.T.O.

FOR OFFICE USE

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Section B Parent(s)/Caregivers

Name(s) (Family Name first) _____

Private Address: _____

_____ Post Code _____ Phone _____

Business Address: (Caregiver 1) _____

Business Address: (Caregiver 2) _____

I/We as Parents/Caregivers of _____
(Child's Name)

Confirm and Agree that:

1. I am the parent/caregiver (**delete one**) of this child.
2. The prospective pupil resides with me/us at the above address
3. The information given on this application is true and correct.
4. If my child is accepted I agree to abide by school policies (available from the school office).
5. I have/have not (**delete one**) accepted enrolment for my child at any other school within the next twelve months.
6. If I move out of zone between applying for a place and my child starting school I will reapply for an out of zone application.
7. If I change my residential address out of zone within twelve months of my child's commencement date I will remove my child from the school by the end of that term unless exempted upon application in writing to the Principal.
8. If I subsequently accept enrolment for my child at any other school I will notify the Principal in writing immediately.

Notes

This information is being collected for purposes of enrolment and school records if the child is accepted.

By your signature on this Application you give permission for the school to confirm any information provided by you on this application.

The intended recipients and holders of this information are:
The Board of Trustees of Ellerslie School and its authorised employees,
12 Kalmia Street, Ellerslie.

If all or any of the information is not provided or permission not given your child may not be enrolled.

You are entitled to have access to this information pursuant to the Privacy Act 1993.

Signature of Parents/Caregivers: _____

Date: _____