



MAUNGATAPERE SCHOOL

"Make it Happen"

APPLICATION FOR OUT-OF-ZONE ENROLMENT FOR 2024

Child's Full Name: _____

Child's D.O.B: ____/____/____ Year Level: _____ Male/Female

Siblings that may also attend. _____

Child's Address: _____

Siblings enrolled—current _____

Siblings enrolled—former _____

Parent/Caregiver - were you a former Maungatapere pupil? Yes/No

Reason for applying. _____

Parent/Caregiver Contact Details: _____(name)

Phone: _____ Email: _____

Date: _____

Please note: if you are successful in the ballot then additional enrolment forms will need to be completed prior to your child enrolling.