



# MAUNGATAPERE SCHOOL

*"Make it Happen"*

## APPLICATION FOR OUT-OF-ZONE ENROLMENT FOR 2025

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.*