



Te Kauwhata Primary School

'Learning Together'

Out-of-Zone Application

Please complete this form, attach it to your child's enrolment form and return both to the school by the **15th June 2023**.

Child's name: _____ Date of birth: _____

Parent Name/s:

Address:

Contact numbers:

Home: _____ Mobile: _____

Please indicate below the priority that applies to this application:

Please tick	Priorities
	I / We currently have other children attending Te Kauwhata Primary School. Name/s: _____
	I / We have other children who have previously attended Te Kauwhata Primary School Name/s: _____ Year attended: _____
	I previously attended Te Kauwhata Primary School Previous name (if applicable) _____ Years attended: _____

	The Te Kauwhata Primary School Board of Trustees currently employs me, or I am currently a member of the Board of Trustees at Te Kauwhata Primary School.
	None of the above priorities apply to this application.

For school use:

Date application received: _____

Ballot required: Yes / No If yes ballot number: _____

Application successful: Yes / No

Acceptance of offer of enrolment received: Yes / No Date: _____

On waiting list: Yes / No / Not applicable