



Waterview
PRIMARY SCHOOL

APPLICATION FOR OUT OF ZONE ENROLMENT FOR THE 2023 SCHOOL YEAR

PLEASE NOTE

This is an application for enrolment only and applies to all "Out of Zone" children to be considered for enrolment during 2021

The closing date for applications, as advised by the Ministry of Education, is

.....**Wednesday 28th September 2022**.....

CHILD'S FULL NAME _____

DATE OF BIRTH _____ GENDER: BOY / GIRL

2023 CLASS LEVEL (Please circle) NE Y1 Y2 Y3 Y4 Y5 Y6

PLEASE NOTE

As per the Education Amendment Act 2000 Out of Zone applications will be accepted in the following order of priority

Students accepted for enrolment in a special programme run by the school

Siblings of current students

Siblings of former students of the School

Name(s) Dates

Children of a former student of the School

Name(s) Dates

Children who are either a child of an employee of the Board of the school or a child of a member of the Board of the school

All other students

If there are more Out of Zone applicants than there are places available, selection will be by ballot in priority group order. This ballot will be held on *.....**19th October 2022**.....Within three school days of this date, the school will send you a letter informing you of the outcome of the ballot. If your application has been successful, you will be asked to confirm your acceptance or rejection of the offered place within 14 days. If you do not respond within the 14-day period, this place will be offered to the first person on the waiting list established by the ballot.

Student lives with Parent 1 Parent 2 Both Other (Please circle one)

If the student does not live with both parents, are there any custody or other issues the school should be aware of? If yes- please provide the school with relevant written details

Please include a copy of your child's birth certificate or passport.

I confirm that I have read and understood the above information and that the information supplied on the attached enrolment form is correct to the best of my knowledge.

Name _____ Signature _____



OUT OF ZONE - Waterview School - ENROLMENT FORM

Student's Legal Surname	Boy/Girl	Date of Birth
Student's Legal First Name(s)	Date of Birth Verified Birth Certificate / Passport / Other <small>(please attach copy)</small>	
Student's Preferred Name	<input type="checkbox"/> Out of Zone <small>(please tick as appropriate)</small>	
Address <small>(please provide verification. e.g. Telephone or power account, rates or purchase agreement)</small>		
Country of Birth	Country of Citizenship	
Date of entry into NZ <small>(if applicable)</small>	Ethnic Group	
Residency Permit Yes / No <small>(Please attach copy from passport)</small>	Iwi Student belongs to <small>(if applicable)</small>	
Language Spoken at Home		
Previous School and Year Level	Pre School or Kindergarten Attended	
Caregiver 1	Caregiver 2	
Surname:	Surname:	
First Name:	First Name:	
Address:	Address:	
Email Address:	Email Address:	
Mobile:	Mobile:	
Country of Birth: Ethnicity:	Country of Birth: Ethnicity:	
Occupation:	Occupation:	
Employer:	Employer:	
Work Ph Number:	Work Ph Number:	
STUDENT LIVES WITH Caregiver 1 Caregiver 2 Both Other (Please circle one) If the student does not live with both parents, are there any custody or other issues the school should be aware of? Yes/No (please circle one) If Yes - please provide the school with relevant written details.		

Office Use Only

Enrolment No:

NSN:

Start Date _____ Year Level _____ Hub _____

EMERGENCY CONTACTS (e.g. relative, friend, neighbour)	
Surname:	Surname:
First Name:	First Name:
Address:	Address:
Email:	Email:
Day time Contact Number:	Day time Contact Number:
Relationship to child:	Relationship to child:
MEDICAL INFORMATION	
Doctors Name and Phone Number	Immunisation Certificate attached? Yes / No <i>(please circle)</i>
Does your child have any medical conditions the school should be aware of? Yes/No <i>(please circle one)</i>	If yes, please explain
Does your child have any allergies the school should be aware of? Yes/No <i>(please circle one)</i>	If yes, please explain
Is your child currently taking any medication? Yes / No <i>(If yes, please provide details)</i>	
<i>Please note that any medication taken at school requires a signed "Parent/Caregivers Request to Administer Medication" form available from the school office.</i>	
OTHER EDUCATIONAL DETAILS	
Are there any learning difficulties that the school should be aware of? Yes / No <i>(If yes, please explain)</i>	
Has your child had any assessments prior to starting school? E.g. Educational Psychologist Assessments, Pediatric Assessments, etc. <i>(If yes, please explain and attach a copy of any reports if available)</i>	
Has your child had any of the following? GSE Early Intervention, Speech Therapy, OT, Physio, One on One Tutoring? <i>(If yes, please explain and attach a copy of any reports if available)</i>	
OTHER DETAILS	
This child's place in the family is _____ of _____	
Name(s) of brothers or sisters currently enrolled at Waterview School	
Names of brothers/sisters likely to attend Waterview School in the future	
Name	Date of Birth
Name	Date of Birth
<i>I confirm that the address which I have provided to the school will be the usual place of residence for the above student when the school is open for instruction. I will advise the school of any subsequent change of address. I agree that all the information held by the school may be disclosed, by the school, to other relevant persons or agencies as the school deems necessary for the purpose of the child's educational welfare.</i>	
<i>I confirm that all information provided in this application is correct.</i>	
Signed: (Parent/Caregiver) Date.....	