



MAUNGATAPERE SCHOOL

"Make it Happen"

APPLICATION FOR OUT-OF-ZONE ENROLMENT FOR 2021

Child's Full Name: _____

Child's D.O.B: ____/____/____

Year Level: _____

Child's Address: _____

Siblings enrolled—current _____

Siblings enrolled—former _____

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

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 turning 5.