



MAUNGATAPERE SCHOOL

"Make it Happen"

APPLICATION FOR OUT-OF-ZONE ENROLMENT

For 2020

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)

Contact Details: _____ (name)

Phone: _____ Email: _____

Date: _____



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