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| **Application for out of zone enrolment** **to Kaharoa School** |

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| Child’s Surname: First name: |

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| Age: Date of birth: Sex: M / F |

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| --- |
| Address: Postal Address: |

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| Present Class Level (if any): |

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| --- |
| Present School (if any) |

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| Parent / Caregiver Name/s: |

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| --- |
| Home phone: Business phone:Cellphone: Email: |

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| Other information to support this application:(Continue overleaf if required) |

The details in this application are true:

Signed:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please mail to: The Principal

 Kaharoa School, R.D.6 Rotorua 3096

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| **Official Use Only**Date received\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date entered on Etap\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Eligibility No .Term\_\_\_\_ Year\_\_\_\_\_\_\_ Priority\_\_\_\_\_\_\_\_\_ Date put in folder\_\_\_\_\_\_\_\_\_\_Ballot outcome:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Letter sent: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Reply received: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

Office/Sheryn/Enrolment Scheme Folder