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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