Manurewa Central School
Hill Road
Manurewa
Auckland 2102
Phone: 09 2690250

OUT OF ZONE APPLICATIONS

APPLICATION FOR ENROLMENT

(via Annual Ballot)

Details of Parents/Caregivers

1. Name:_____

Relationship to child:_____

Home Address:_____

Telephone: Home:_____ Work:_____

Mobile:_____

Email:_____

2. Name:_____

Relationship to child:_____

Home Address:_____

Telephone: Home:_____ Work:_____

Mobile:_____

Email:_____

Details of Child/Children:

Name	Gender: M/F	Date of Birth	Current Age	2027 Year Level

Current School/Preschool:

Family Information

Do you currently have a child/children attending Manurewa Central School?

No **Yes** *Please complete below*

Name	Year Level

Names of brothers or sisters who have previously attended MCS

Name	Year of Enrolment

Name of parent (if any) who was a pupil of MCS

Name	Year of Enrolment

Name of parent (if any) is currently employed by MCS

Additional information about the child for enrolment

	Yes	**No**
Does your child have any special learning needs?		
Does your child have any current interventions and/or support from the Ministry of Education?		
Current interventions/support:		
Does your child have any past interventions and/or support from the Ministry of Education?		
Past interventions/support:		

Declaration:

I declare that the information given is accurate.
I acknowledge that any enrolment based on false information may be annulled.
I acknowledge that I have a right of appeal against non-acceptance to the Secretary of Education whose decision will be binding on both parties.

Signed:_____ **Date:**_____

Name:_____