

CONFIDENTIAL

SILVERDALE SCHOOL EXPRESSION OF INTEREST FOR OUT OF ZONE ENROLMENT

PUPIL DETAILS

Surname:.....

First Names:.....

Address:.....

.....

DOB:.....

Phone:.....Cell:.....

.....

Fax:.....

.....

Email:.....

Ethnicity: NZ Pakeha NZ Maori

Asian European Pacific Island

Other:.....

Language/s spoken at home:.....

.....

Hapu Affiliation:.....

Iwi Affiliation:.....

Boy/Girl Living with:.....

Place in Family of

Copy of birth certificate attached Yes

School/childhood centre previously attended:

Name:.....

Address:.....

.....Ph/Fax.....

Class level at School:.....

.....

Start Date at School:.....

Number of schools attended:.....

Child born in NZ: Yes No

.....

If no, copy of passport attached Yes

Special needs/Extra help:.....

Stand down/suspended:.....

PARENT / CAREGIVER DETAILS

Name of first parent/caregiver: Mr/Mrs/Ms/Miss

.....Father/Mother/Guardian

Address if different from above:.....

.....Ph/Fax.....

Occupation:.....

Work Phone:.....

Name of second parent/caregiver: Mr/Mrs/Ms/Miss

.....Father/Mother/Guardian

Address if different from above:.....

.....Ph/Fax.....

Occupation:.....

Work Phone:.....

Names of preschoolers likely to attend this school:

1 Date of Birth.....

2 Date of Birth.....

Enrolment forms are available from the school office. 09 4265510