**Out of Zone Application Form For Greenhithe School Enrolments 2024 – for Year 0-1 Students Only**

Please complete the following application form in full, one application form per child applying for out of zone enrolment, and send to office@greenhithe.school.nz attention to the Presiding Board Member.

Applications **must** be received at the school office no later than Wednesday 11th October 2023 or if posted the envelope must be postmarked before the closing date and received by the school no later than 5 days after the closing date. Applications can be emailed to Board Presiding Member at office@greenhithe.school.nz

If a ballot is required (i.e. if the number of applications exceeds the number of vacancies available), this will take place on Wednesday 18th October 2023.

**Applicant’s Details**

|  |  |
| --- | --- |
| Child’s Full Legal Name  |  |
| Date of Birth |  |
| Full Residential Address: | Street:Suburb:City:Post Code: |
| Length of time at thisaddress: |  |
| Names and ages of any potential siblings who will also be a potential enrolment in 2025 |  |
| Any health, social, physical or learning needs |  |
| Any additional relevant information regarding enrolment, including custody arrangements or history of the child that the school would need to be aware of and when you wish your child to start at our school |  |

**Parent/Guardian’s Details**

|  |  |
| --- | --- |
| Legal Name: |  |
| Relationship to Child: |  |
| Full Residential Address: |  |
| Full Postal Address:(if different to residential address) |  |
| Email Address: |  |
| Day Time Phone Number: |  |

**Ministry of Education Priority Criteria**

Applications from out of zone students will be processed in the following order or priority, as defined by the Ministry of Education, please confirm your status by ticking the box below:

|  |  |
| --- | --- |
| **First priority** must be given to any applicant who is accepted for enrolment in an approved special programme run by the school. **Our school has no such programme** |  |
| **Second priority** must be given to any applicant who is a sibling of current student of the school |  |
| **Third priority** must be given to any applicant who is the sibling of a former student of the school |  |
| **Fourth priority** must be given to an applicant who is a child of a former student of the school |  |
| **Fifth priority** must be given to an applicant who is the child of an employee of the board of the school or a child of a member of the board of the school |  |
| **Sixth priority** must be given to all other applicants |  |

I certify that the information above is true and correct:

Parent/Guardian’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_