



# Manurewa Central School

Hill Road, Manurewa,  
Manukau 2102, New Zealand.  
Phone: 269 0250  
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OUT OF ZONE APPLICATIONS

## APPLICATION FOR BALLOT

(this is not an enrolment form)

### 1. Details of Parents/Caregivers

Surname \_\_\_\_\_

Relationship to Child

Parents/Caregivers

\_\_\_\_\_

Home Address

\_\_\_\_\_

Telephone: Home \_\_\_\_\_ Work \_\_\_\_\_

MOB: \_\_\_\_\_

### 2. Details of children

Names of Child / ren	Gender M / F	Date of Birth	Age	2018 Class Year

Present School or Pre School

\_\_\_\_\_

Do you already have a child attending Manurewa Central School? NO

**PTO**

3. Names of brothers or sisters currently attending the school

Names

Year Level

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

4. Names of brothers, sisters who previously attended the school.

Names

Year of enrolment

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

5. Name of parent (if any) who is currently employed by the School

\_\_\_\_\_

6. Name of parent (if any) who was a pupil of this school.

Name

Year of enrolment

\_\_\_\_\_

\_\_\_\_\_

7. Does your child have any special learning needs?

8. Does your child have any current/past interventions and support from Ministry of Education?

\_\_\_\_\_

\_\_\_\_\_

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

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

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