



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	2023 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

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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?		
<i>Current interventions/support:</i>		
Does your child have any past interventions and/or support from the Ministry of Education?		
<i>Past interventions/support:</i>		

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: _____