



Application for Out of Zone Enrolment - 2022

| Student Details | |
|--------------------------------------|--|
| Legal Name: | |
| Preferred Name: | |
| Date of Birth: | / / |
| Intended start date: | |
| 2022 Year Level: | <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 |
| Caregiver #1 | |
| Name: | |
| Address: | |
| Phone: | |
| Email: | |
| Caregiver #2 | |
| Name: | |
| Address (if different): | |
| Phone: | |
| Email: | |
| Enrolment Priority (please indicate) | |
| <input type="checkbox"/> 1 | Not applicable - school does not run a special programme approved by the Secretary for Education |
| <input type="checkbox"/> 2 | Given to applicants who are siblings of current students |
| <input type="checkbox"/> 3 | Given to applicants who are siblings of former students |
| <input type="checkbox"/> 4 | Given to any applicant who is a child of a former student of the school |
| <input type="checkbox"/> 5 | Given to any applicant who is either a child of an employee of the board of the school or a child of a member of the board of the school |
| <input type="checkbox"/> 6 | Given to all other applicants |

Please return this form to the school office by **3pm, Friday 15th October 2021**

1 McDonald Street, Methven 7730 | office@methven.school.nz

Any questions please contact the office on 03 302 8500

| Office Use | |
|-----------------------|---|
| Application Received: | / / <input type="checkbox"/> Accepted <input type="checkbox"/> Declined |
| Communication: | / / <input type="checkbox"/> Phone <input type="checkbox"/> Email <input type="checkbox"/> In person Staff: |

Preparing for our Future through Making Pathways to the Stars