



Application for Out of Zone Enrolment - 2024

Student Details			
Legal Name:			
Date of Birth:	/	/	Gender:
Address:			
Intended start date:			
2024 Year Level:	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6
Reason for enrolling:			
Any special information or circumstances that the school needs to know about the student			

Caregiver Details			
Name:		Name:	
Phone:		Phone:	
Email:		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

I declare that all of the above information provided on this form is accurate and can be verified if requested.

Caregiver signature:		Application Date:	/	/
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Please return this form to the school office: 1 McDonald Street, Methven 7730 | office@methven.school.nz
Any questions please contact the office on 03 302 8500

Office Use	
<input type="checkbox"/> Accepted <input type="checkbox"/> Declined	/ / <input type="checkbox"/> Phone <input type="checkbox"/> Email <input type="checkbox"/> In person Staff: