

44 Palmers Road, Clendon, Manurewa 2242, PO Box 88034 Phone: **(09)** 266 7455 Email: admin@waimahia.school.nz

Website: www.waimahia.school.nz



Ballot Application Form for an Out of Zone Enrolment

If you are living outside of our school zone, it is only possible to secure a place at the school if there is a vacancy. An enrolment scheme exists to ensure that class sizes do not exceed the Ministry of Education Property resources of a given school.

Children living outside our zone may apply for a place through the ballot system, which will be used if there are vacancies to fill. Please complete the form below and return it as soon as possible. We will contact you within three days of the ballot to let you know whether we can offer a position at the school or not. (Please complete a separate form for each child)

		Date of Application:		
Child's Full Name:				
Date of Birth:	//	-		
Start Date:	(I would like my child to	start on the following date)	
Current Year Level:				
Parent / Caregivers Full Names:				
Full Address:				
	(Proof of Address MUST be	e submitted, eg. Power, Water	Bill etc.)	
Phone:				
Mobile:				
Email Address:				

Applications for enrolment will be processed in the following order of priority (1-6):

- Students who have been accepted for enrolment in the following special programmes run by the school and approved by the Secretary of Education (a) Māori Bilingual, (b) Samoan Bilingual.
- 2. Applicants who are siblings of current students.
- 3. Applicants who are siblings of former students.
- 4. Applicant who is a child of a former student of the school.
- 5. Applicant who is either a child of an employee of the school or a child of a member of the board of the school.
- 6. All other applicants.

☐ Place in Waiting

Applicants see relationship.	eking second or third priority status may be required to give proof of a sibling
My child quali appropriate so	fies for Priority in the ballot. If priority 2-5, complete the ection below:
Priority 2:	Name of sibling currently attending.
Priority 3:	Name of sibling who previously attended.
•	Dates attended:
Priority 4:	Name of parent who previously attended.
•	Dates attended:/
Priority 5:	Name of:
	(School Employee / Board Member)
Signed:	Date:
☐ Accept	ted