



## Application for out of zone enrolment

| Student Details                      |  |
|--------------------------------------|--|
| Legal Name:                          |  |
| Preferred Name:                      |  |
| Date of Birth:                       |  |
| Intended start date:                 |  |
| Year Level:<br>(please circle)       | 1    2    3    4    5    6    7    8   |
| Reason for wanting to enrol:         |  |
| Caregiver #1                         |  |
| Name:                                |  |
| Address:                             |  |
| Phone:                               |  |
| Email:                               |  |
| Caregiver #2                         |  |
| Name:                                |  |
| Address (if different):              |  |
| Phone:                               |  |
| Email:                               |  |
| Enrolment Priority (please indicate) |  |
| <input type="checkbox"/>             | Not applicable - school does not run a special programme approved by the Secretary for Education   |
| <input type="checkbox"/>             | Given to applicants who are siblings of current students   |
| <input type="checkbox"/>             | Given to applicants who are siblings of former students  |
| <input type="checkbox"/>             | Given to any applicant who is a child of a former student of the school  |
| <input type="checkbox"/>             | 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"/>             | Given to all other applicants  |

Please return this form to the school office: 103 Dorie School Road, RD 11 Rakaia, 7781 [Office@dorie.school.nz](mailto:Office@dorie.school.nz)

Any questions please contact the office on 03 3020 862

| 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: |