

Phone: 06 327 6617 Principal: Greg Allan

Email: gallan@southmak.school.nz Address: RD3, Marton 4789

Application for Enrolment

(As part of legislation governing Enrolment Schemes)

Full name of student:		
Date of birth:		
Child's address:		
Child's Year Level:	(if other th	nan a New Entrant)
Full name of mother/careg	iver:	
Full name of father/caregive	ver:	
Contact phone numbers:	Home	
	Work	
	Cell	
	Address	for correspondence:
erent from above)		
Signed:		
0	ffice use o	alve
		ily.
Pate Application received:		
Ballot number:	_	
Parents Contacted:		
Position: Accepted/Declined		