



Principal: Greg Allan - Phone: 06 327 6617 - Email: gallan@southmak.school.nz
Address: 945 Makirikiri Road, RD 3, Marton 4789

Application for Enrolment

(as part of legislation governing enrolment schemes)

Full name of student: _____

Date of birth: _____ Gender: Male / Female

Child's address: _____

Child's year level (if other than new entrant): _____

Full name of mother/caregiver: _____

Full name of father/caregiver: _____

Contact phone numbers: Mobile _____ Work _____

Email address: _____

Address for correspondence (if different from above): _____

Does this student have a sibling currently attending South Makirikiri School: Yes / No

Does this student have a sibling who formerly attended South Makirikiri School: Yes / No

Is this student a child of a former student of South Makirikiri School: Yes / No

Is this student a child of an employee of the South Makirikiri School board of trustees
or a child of a member of the South Makirikiri School board of trustees: Yes / No

Signed: _____

Parent/caregiver's name (please print): _____

OFFICE USE ONLY

Date application received: _____ Ballot number: _____

Parents contacted: _____ Position accepted / declined