

CLARKVILLE SCHOOL NEW ENROLMENT APPLICATION

Please include my child, _____ D.O.B. ____/____/____
(full name)

in your ballot for commencement on _____ (date) in year _____ (please state year level)

He / She:

Please tick below as appropriate

- | | |
|--|--------------------------|
| 1. Lives in zone (automatic entry) | <input type="checkbox"/> |
| 2. Is a sibling of a present pupil | <input type="checkbox"/> |
| 3. Is a sibling of a past pupil | <input type="checkbox"/> |
| 4. Is a child of a past pupil | <input type="checkbox"/> |
| 5. Is a child of a board employee or a child of a board member | <input type="checkbox"/> |
| 6. Is a new applicant from out-of-zone | <input type="checkbox"/> |

Signed: _____

Relationship to child: _____

Name: _____

Phone: _____

Address: _____

Postcode: _____

Date: _____

Email: _____

Please email this form to admin@clarkville.school.nz