

OUT OF ZONE APPLICATION FOR 2021



| Office Use Only | | |
|--|--|---------------------|
| Room: | House: | NSN: |
| Year: | Code: | Student Start Date: |
| Application: Accepted <input type="checkbox"/> | Application: Not Accepted <input type="checkbox"/> | Date Completed: |

Please provide the following documentation:

Please Note: It is against the law to provide a false address to try and get your child into a school with a zone that does not include your home. Should you enrol with a false address the school will terminate your child's enrolment.

**Documents below are required for all student enrolments including siblings of current students.*

| | | | | |
|--------------------------|---|----|--------------------------|--|
| <input type="checkbox"/> | Child's Passport if born outside NZ and valid visa | or | <input type="checkbox"/> | Child's Birth Certificate or Passport if born in NZ |
| <input type="checkbox"/> | Caregivers Passport if born outside NZ and valid visa | or | <input type="checkbox"/> | Caregivers Birth Certificate or Passport if born in NZ |
| <input type="checkbox"/> | Immunisation Certificate | | | |

Student Details

| | |
|------------------------|--|
| Legal First Names: | |
| Legal Surname: | |
| Preferred First Names: | |
| Preferred Surname: | |

| | | | | |
|---------------------------|--|-------------------|------------------------------|-----------------------------|
| Date of Birth: | | Eldest in School: | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Gender: | | Place in Family: | _____ of _____ | |
| Name of Sibling/s at TKS: | | | | |

| | | | |
|---|--|---|--|
| Country of Birth: | | Home Language: | |
| Date Student entered NZ: (If not NZ Citizen) | | Date Parents entered NZ: (If not NZ Citizen) | |
| Visa Number: | | Visa Number: | |
| Ethnicity: (If Maori, please state Iwi) | | | |

| | | | |
|---|--|-------------------------------|--|
| Name of Preschool: | | Hours per week: | |
| Years/Months attended: | | Days per week: | |
| Name of previous school: (if applicable) | | Phone No. of previous school: | |

Parent or Caregivers Details

Child lives with: Both Parents Mother Father Caregiver

Custody: Do you have a custody order in place? YES NO

If yes, please provide a copy of the legal document.

If no, please provide a written description of your custody arrangements.

Parent or Caregiver 1

| | | | |
|---------------------------|--|-----------------------|--|
| Name: | | Home Number: | |
| Surname: | | Mobile Number: | |
| Relationship: | | Work Number: | |
| Home Address: | | Email Address: | |
| | | | |
| Restricted Access: | Yes <input type="checkbox"/> No <input type="checkbox"/> | Occupation: | |
| Bill Payer: | Yes <input type="checkbox"/> No <input type="checkbox"/> | Ethnicity: | |

Parent or Caregiver 2

| | | | |
|---------------------------|--|-----------------------|--|
| Name: | | Home Number: | |
| Surname: | | Mobile Number: | |
| Relationship: | | Work Number: | |
| Home Address: | | Email Address: | |
| | | | |
| Restricted Access: | Yes <input type="checkbox"/> No <input type="checkbox"/> | Occupation: | |
| Bill Payer: | Yes <input type="checkbox"/> No <input type="checkbox"/> | Ethnicity: | |

Emergency Contact Details

In the event that we are unable to contact you, please provide an emergency contact we can call to act on your behalf with regard to the welfare of your child. i.e. Grandparent, Aunty, Uncle, Family Friend

Emergency Contact 1:

| | | | |
|----------------------|--|-----------------------|--|
| Name: | | Home Number: | |
| Surname: | | Mobile Number: | |
| Relationship: | | Work Number: | |
| Home Address: | | Email Address: | |
| | | | |

Emergency Contact 2:

| | | | |
|----------------------|--|-----------------------|--|
| Name: | | Home Number: | |
| Surname: | | Mobile Number: | |
| Relationship: | | Work Number: | |
| Home Address: | | Email Address: | |
| | | | |

Other Information

Provide a brief outline why you would like your child to attend Three Kings School:

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We acknowledge that this information has been provided to enable the school to consider an Out of Zone Application for enrolment of our child. We confirm that all the information provided is true and correct in all instances.

Signed (Parent/Caregiver): _____ Date: _____

This Out of Zone Application form does not guarantee a place of enrolment. Entitlement to enrolment depends on the information provided being correct and valid on the date of entry.

This completed Out of Zone Application form is for the child named on this document and must be supported by the child’s Birth Certificate and/or Passport and valid visa. Applications for out of zone siblings must be submitted to the school, the year prior to the child turning five.

Out of Zone Applications close on Wednesday 14th October 2020, 3.00pm.

The Out of Zone Ballot will be held on Wednesday 21st October 2020.

You will be notified of the outcome in writing. All enquiries should be made to the School Office.