

# SOUTH MAKIRIKIRI SCHOOL

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**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 than a New Entrant)

**Full name of mother/caregiver:** .....

**Full name of father/caregiver:** .....

■ **Contact phone numbers:**     **Home**     .....

**Work**     .....

**Cell**     .....

**Address for correspondence:**

(if different from above) .....

**Signed:** .....

### Office use only:

Date Application received: \_\_\_\_\_

Ballot number: \_\_\_\_\_

Parents Contacted: \_\_\_\_\_

Position: Accepted/Declined