



# Expression of Interest for Enrolment

Please complete the following details and return to the Matakana School office.

**Zone status:**

**Out of Zone**

**Student status:** (Please tick all that apply)

**New Entrant**  
 **Sibling**  
 **Transfer**

Personal Details			
<b>Child's Full Name:</b>	First Name:		
	Middle Name:		
	Surname:		
<b>Date of Birth:</b>			Male / Female
<b>Parent/Caregiver Names:</b>	1:	2:	
<b>Address (Physical):</b>			
	City:	Postcode:	City: Postcode:
<b>Address (Postal – if different):</b>			
<b>Telephone:</b>	Home:	Mobile:	Home: Mobile:
<b>Email:</b>			
<b>Transfer Student:</b>	If applicable, please state which school your child attended and Year:		
<b>Sibling:</b>	If applicable, please indicate if this child is a: <input type="checkbox"/> Sibling of current student (please state sibling's name): <input type="checkbox"/> Sibling of former student (please state sibling's name):		
<b>Other:</b>	If applicable, please indicate if the child's parent/caregiver is a former student of the school: <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Parent/caregiver 1 <input type="checkbox"/> Parent/caregiver 2		
<b>Intended Start Date:</b>			

Parent/Caregiver Signature:

Date:

For Office Use	Received by:	Letter/Email confirmation	Enrolment Pack Sent date:	Date in Etap:	n/a	DATE RECEIVED
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