

# Pukekohe Intermediate School

## Application for Out-of-Zone Enrolment



### Student Details

Name of child: \_\_\_\_\_

Date of birth: (dd/mm/yy) \_\_\_\_/\_\_\_\_/\_\_\_\_ Current year level: \_\_\_\_\_

Previous School: \_\_\_\_\_

Does your child have a brother/ sister at Pukekohe Intermediate School?

YES/ NO

Brother/ Sister's name: \_\_\_\_\_

Has your child had a brother or sister at Pukekohe Intermediate School in the past?

YES/ NO

Brother/ Sister's name: \_\_\_\_\_

### Parent/Caregiver Details

Parent/ Caregiver Names: \_\_\_\_\_

Residential Address: \_\_\_\_\_

\_\_\_\_\_

Phone number: \_\_\_\_\_ Mobile number: \_\_\_\_\_

Email: \_\_\_\_\_

For out-of-zone children to be included in the ballot,  
this form **MUST** be returned to  
Pukekohe Intermediate School by  
**4.00 pm on Wednesday 4 September 2024.**

If a ballot is necessary, it will take place on **Wednesday 11 September 2024.**  
All applicants will be notified in writing by **Friday 13 September 2024.**

Please complete and return this form to Pukekohe Intermediate School, Queen Street, Pukekohe,  
post to PO Box 768 Pukekohe 2340 or email [admin@pukekoheint.school.nz](mailto:admin@pukekoheint.school.nz)