

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 3 September 2025.

If a ballot is necessary, it will take place on **Wednesday 10 September 2025.**
All applicants will be notified in writing by **Friday 12 September 2025.**

*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*