



62 Dawson Road
Snells Beach 0920
Tel: 09 425 6058

Email: admin@snellsbeach.school.nz

Out of Zone Application

I hereby apply for a placement in Snells Beach School for the year _____

Year Level: _____ DOB: _____

Enrolment for: Term 1 and 2 OR Term 3 and 4 (Please tick one)

Name of Child: _____

Address: _____

Contact Phone: _____ Email: _____

Parents/Caregivers: _____

Do you have siblings currently/previously attending Snells Beach School? Y / N (Names and year level if applicable)

If applicable, please indicate if the child's parent/caregiver is a former student of the school? Y/N

Current school: _____

Reason for Out of Zone Application:

If you are successful, is there anything we need to consider to support the placement for your child, (social Emotional, behavioural, health etc.)

**Please note: As an Out of Zone Enrolment, you are not automatically eligible for a bus entitlement, but you may apply at www.mahurangi.easybus.nz/out-of-zone-request.*

Signature of Parent/Caregiver: _____ Date: _____

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