

Kaipaki School

Bringing Learning to Life



Out of Zone Application Pack – 2019/20

Welcome to Kaipaki School and thank you for your expression of interest in enrolling your child at our school.

We are very proud of who we are, our rural values and the education opportunities we offer our students.

Attached is an Expression of Interest form, for children wishing to start at Kaipaki School. Please carefully read the dates on this letter, and include which enrolment period you are applying for.

In accordance with Ministry regulations, the order of priority will be:

1. Siblings of current students
2. Siblings of former students
3. Child of a former student
4. Children of an employee or board of the school
5. All other students

The board invites your application for an out-of-zone placement. The deadlines for receipt of applications are listed.

If a ballot is required it will be held on the Tuesday following the close of each deadline.

Parents will be informed of the outcome no later than Friday following the close of each deadline.

Kaipaki School looks forwards to the possibility of starting a partnership with you and your child.

Please feel free to contact us for more information or with any questions.

Yours sincerely

Kim Budd
Principal
Kaipaki School

| Enrolment Period Number | Enrolment Period (The period in which you wish your school to start at our school) | Applications Closing Date |
|------------------------------------|---|--|
| Period 1 | Monday 14 th October 2019 To Thursday 9 th April 2020 | 3pm, Friday 27 th September 2019 |
| Period 2 | Monday 28 th April 2020 To Friday 25 th September 2020 | 3pm, Friday 27 th March 2020 |

Kaipaki School Out of Zone Enrolment

Expression of Interest for 2019/20

Childs Name: _____

Child's Date of Birth: _____

Class Level: _____ (Year 1-6)

Enrolment Period:

Period 1

Period 2

(The period in which you wish your child to start at Kaipaki School in 2019/20)

Parent/Caregivers contact Details:

Name: _____

Address: _____

Phone: Home _____ Work _____ Mobile _____

Siblings Name and Date of Birth:

_____ DOB _____

_____ DOB _____

_____ DOB _____

Order of Priority as set down by Ministry of Education:

(Please circle which priority category you are applying for)

1. Siblings of current students
2. Siblings of former students
3. Child of a former student
4. Children of an employee or board of the school
5. All other students

Signed: _____

Please Post, Deliver or Email this form by the application closing date (refer to dates listed)

To: **Kaipaki School**
687 Kaipaki Road
RD3
Cambridge 3495

Email: office@kaipaki.school.nz