



**KNIGHTON  
NORMAL SCHOOL**

ADDRESS | 45 Knighton Road, Hamilton, 3216

PHONE | (07) 856 5399

FAX / ANSWERPHONE | (07) 856 5393

WEBSITE | www.kns.ac.nz

PRINCIPAL | Stuart Armistead M.Ed. (Educational Leadership), B.Ed., Dip.T.

## Application for Out of Zone Enrolment

We wish to apply for an out of zone place at Knighton Normal School for our child/ren. We understand that our application will go into the next ballot conducted by the school.

Our child/ren's details are as follows:

<u>Name of child</u>	<u>Date of birth</u>	<u>Gender</u>	<u>Year level</u>	<u>Current school/preschool</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

**Child's Ethnicity:** \_\_\_\_\_

Are you also applying for a place(s) in the Maori Partial Immersion Unit? (Please circle) YES /NO  
(A separate application form also needs to be completed)

Why do you want your child to come to Knighton?

If your application is successful are there any considerations or requirements we need to be aware of when placing your child in a class?

Names of siblings attending Knighton Normal School: \_\_\_\_\_

Name of Parent/Caregiver: \_\_\_\_\_ Mob. phone: \_\_\_\_\_

Home address: \_\_\_\_\_ Home phone: \_\_\_\_\_

Workplace: \_\_\_\_\_ Work phone: \_\_\_\_\_

Signed: \_\_\_\_\_ (Parent/Caregiver) Date: \_\_\_\_\_

**OFFICE USE ONLY**

Successful: Confirmation Ph. call/Letter sent: Entered into Preschool Register:

Yes  No