

Please state any medical or behavioural conditions that may affect your child's learning or wellbeing at this School.

Has your child had any help from outside organisations eg: Speech Language Therapist, Special Education Services?

Name and date of birth of other young children in family.

List any interests, sports, activities this child is involved in.

Please state how this child will be brought to and from school each day.

Outline any special affinity you have with Puketapu School:

Are there any ways by which you and your family would contribute to Puketapu School life eg Parent League, Class Outings, Working Bees etc;

Two Referees (other than family)
Name: **Position:** **Phone:**
.....
Name: **Position:** **Phone:**
.....

I certify that the information provided on this application is to the best of my knowledge correct. I understand that details may be verified. I agree to the school contacting any one I have listed in this application.
Applicant's Signature:
Date:

OFFICE USE ONLY
DATE RECEIVED:
APPLICATION RESULT – enrolled / not enrolled
PARENTS/CARGIVERS NOTIFIED: Yes / No DATE: