



Homai School

One Vision One Journey One People

Ph: 09 266 8918 office@homai.school.nz 89 Browns Road Manurewa Auckland 2102

OUT OF ZONE APPLICATIONS APPLICATION FOR BALLOT

(This is not an Enrolment Form)

1. Details of Parents / Caregivers

Surname _____

First Names _____

Relationship to child _____

Home Address _____

Telephone : Home _____ Work _____

Mobile: _____

2. Details of Children

Names of Child / ren	Gender M /F	Date of Birth	Age	2021 Class Year

Present School or Pre School

3. Are you wanting to enrol in:

Mainstream Education

Te Moana Nui a Kiwa (*Te Reo*)

4. Do you already have a child attending Homai School?

Names of brothers or sisters currently attending the school

Names

Year Level

5. **Names of brothers, sisters who previously attended the school**

Names

Year Attended

6. **Name of parent (if any) who is currently employed by the School**

7. **Name of parent (if any) who was a pupil of this school**

Name

Year of Enrolment

8. **Does your child have any special learning needs?**

9. **Does your child have any current/past interventions and support from Ministry of Education, or any other agencies?**

I, declare that the information given above is accurate. I acknowledge that any enrolment based on false information may be annulled. I also acknowledge that I have a right of appeal against non-acceptance to the **Secretary of Education** whose decision will be binding on both parties.

Signature: _____ **Date:** _____