



62 Silverdale Road
Hamilton 3216
New Zealand
Phone: 07 856 7604
Website: www.silverdale.school.nz

Application for Out of Zone Enrolment

We wish to apply for an out of zone place at Silverdale 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:

Name of Child	Date of birth	Gender	Year Level	Current School / Preschool

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 Silverdale Normal School:

Name of Parent / Caregiver: _____ Mobile Phone Number: _____

Home Address: _____ Home Phone Number: _____

Workplace: _____ Work Phone Number: _____

Child's Proposed Starting Date _____ Email address: _____

Signed: _____ (Parent / Caregiver) Date: _____

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OFFICE USE ONLY

Successful: Yes ☐ No ☐

Confirmation Call / Letter sent: ☐

Entered on Pre-enrol: ☐

Accepted: Yes / No

Priority Level _____