



VICTORIA AVENUE SCHOOL

282 VICTORIA AVENUE, REMUERA, AUCKLAND 1050, NEW ZEALAND

Principal: Allan Short

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APPLICATION FOR INZONE ENROLMENT AT VICTORIA AVENUE SCHOOL

For Office Use Only

- Sibling
- New Entrant
- Other

Please note:

1. The Board of Trustees and Principal are bound by the Privacy Act 1993 and the Human Rights Act 1993. All information given in this application shall remain confidential and be used only for the purpose of determining eligibility for enrolment.
2. Please ensure that in the case of New Entrants this application form is lodged one year prior to their fifth birthday, or as soon as practicable after that date.

STATUTORY DECLARATION

I _____ (Parent/Caregiver)

Of _____ (Permanent Residential Address)

_____ (Occupation)

solemnly and sincerely declare that:

1. The information given by me in this application is true and correct.
2. I am the parent/caregiver of the child named in this application.
3. If my child is accepted for enrolment at Victoria Avenue School, I agree to abide by the school's policies.
4. If I change my permanent residential address out of the Victoria Avenue School zone before my child commences enrolment at Victoria Avenue School, I will immediately notify the Principal and will withdraw the application for my child's enrolment at the School.
5. If I change my permanent residential address out of the Victoria Avenue School zone after the date of my child's/children's enrolment at Victoria Avenue School, I understand that I may be requested to remove him/her/them from the school.
6. If I change my permanent residential address after the date of my child's enrolment, I will immediately notify Victoria Avenue School of my new address.

(A) PUPIL'S NAME

Last Name

First Name (s)

Date of Birth: _____

Male/Female

Present School/Preschool _____

Present Class _____

Please attach in writing any special circumstances which may support this application.

To assist with our forward planning, please indicate if your child will be attending an Independent (Private) school _____ (name of School, level).

Continued Over...

(B) FULL NAME OF PARENTS OR CAREGIVER

Last Name _____ First Name(s) _____
1 _____
2 _____

Permanent Residential Address _____
_____ Phone _____
_____ Cell Phone _____
Business Address _____ Phone _____
Email Address _____

Please attach evidence of your permanent residency within the Victoria Avenue School catchment area as defined in the enrolment policy. This must be in the form of an electricity bill, gas bill, or telephone account.

(C) NEW ZEALAND RESIDENCY

I am a resident of New Zealand YES/NO

If residency or N.Z. citizenship has been granted within the last 12 months, please attach a copy of the relevant documentation.

(D) BROTHERS/SISTERS ENROLLED AT VICTORIA AVENUE SCHOOL

If you currently have another child attending the school, please give their name and class level:

Name: _____ Class _____

(E) LANGUAGE

Is English the first language spoken at home? YES/NO

This information will help to determine any extra English language assistance required at school.

(F) NAME OF PERSON SUPPORTING THIS APPLICATION

I am well acquainted with the family of the applicant and hence support this application for enrolment at Victoria Avenue School.

Signed: _____

Name: _____

Address: _____ Phone: _____

AND I make this solemn declaration conscientiously believing the same to be true and by virtue of the Oaths and Declarations Act 1957.

Signature of Parent/Caregiver

Declared at Auckland this _____ day of _____ 20_____

Signature of Person authorised to take statutory declarations*

(*includes Justices of the Peace, Solicitors, Notaries Public and other persons authorised to take statutory declaration.)