

1 Tillman Ave  
Strowan  
Christchurch 8052



admin@waimairi.school.nz  
www.waimairi.school.nz

Parents' names \_\_\_\_\_

Current Address \_\_\_\_\_

Contact Phone Number \_\_\_\_\_

Student name \_\_\_\_\_ Date of Birth \_\_\_\_\_

If not a new entrant - student's current year level \_\_\_ Term applying for \_\_\_\_\_

Email address \_\_\_\_\_

Tick which priority level applies to this application

~~First priority must be given to any applicant who is accepted for enrolment in a special programme run by the school:~~

Second priority must be given to any applicant who is the sibling of a current student of the school:  
\_\_\_\_\_

Third priority must be given to any student who is the sibling of a former student of the school: \_\_\_\_\_

Fourth priority must be given to any applicant who is a child of a former student of the school: \_\_\_\_\_

Fifth priority must be given to any applicant who is either a child of an employee of the board of the school or a child of a member of the board of the school: \_\_\_\_\_

Sixth priority must be given to all other applicants: \_\_\_\_\_

(Proof of entitlement may be required for 2 3 or 4 unless already known to the school)

Signed \_\_\_\_\_ Date \_\_\_\_\_

For School use

Date received \_\_\_\_\_

Position approved / declined - Reason \_\_\_\_\_

Ballot Number \_\_\_\_\_

Ballot ranking \_\_\_\_\_ of \_\_\_\_\_

Verified/ Signed \_\_\_\_\_

Witness \_\_\_\_\_