



Welcome to Inglewood Primary School and thank you for your expression of interest in enrolling your child at our school.

Following is an 'Expression of Interest' form for out of zone children wishing to start at Inglewood Primary School.

The Board will determine the number of spaces available based on existing roll numbers and predictions.

The Board will advertise in the North Taranaki Midweek, on Facebook, in our weekly newsletter and on our school website, the number of places that are available prior to the closing date of each application.

In accordance with Ministry of Education regulations, the order of priority will be:

1. Not applicable as the school does not run a special programme
2. Siblings of current students
3. Siblings of former students
4. Children of former students
5. Children of board members or board employees
6. All other children.

If a ballot is required it will be held within 3 days of the deadline for application. Parents will be informed of the outcome of the ballot within 3 working days of the ballot being held.

Inglewood Primary School looks forward to the possibility of starting a partnership with you and your child.

Please contact the office, or the Principal if you require further information.

Please note, the completion of an 'Out of Zone Enrolment Application' does not guarantee your child's place at Inglewood Primary School.

Yours sincerely

Karen Patterson
Principal

Principal: Karen Patterson Dip Tchg, B Ed

principal@inglewood.school.nz

P.O.Box 48, 33 Kelly Street, Inglewood

Phone: (06) 756 8040

Fax (06) 756 6060

Mobile (0274) 961 654

Dental Clinic (06) 756 8041

Office email: office@inglewood.school.nz

Website: www.inglewoodprimary.school.nz

Ako ki te whakaaro, Ako ki te mahi, Ako kia ora ai te mauri...



Out of Zone Enrolment Application

The Education Act gives a guarantee of enrolment to students who live in the home zone as specified in our school enrolment scheme. Spaces for out of zone children may occasionally become available. By completing this form you are indicating that you would like your child to be placed on a waiting list so as to be included in a ballot or allocated any vacant spaces that become available.

Student's Full Name: _____

Student's Date of Birth: _____

Intended date / year of Enrolment: _____

Parent/Caregiver Details:

Surname: _____ First Name: _____

Relationship to child: _____

Home Address: _____

Home Phone: _____ Mobile: _____

Email Address: _____

Which School / Early Childhood Education Centre is your child currently attending?

If a sibling of a former student please indicate: Y / N

Name: _____ Year Attended: _____

Names and Birthdates of any young siblings of the student:

Name: _____ Birthdate: _____

Name: _____ Birthdate: _____

Are you or your legal partner an employee of the school? Y / N

Signed: _____ Date: _____

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