

## Expression of Interest in Enrolment at Pakiri School

This form is for those families who have had the chance to visit our school and know in advance that they would like a place for their child. We appreciate you submitting this form as it helps us with our enrolment planning.

If you have any questions, please do not hesitate to get in touch.

### 1 Child's details

Full name:

Date of birth:   
*dd/mm/yyyy*

Gender:  Male  Female  X

Current education status:  At preschool, kindy or other ECE  At primary school

Name and location of school:

Preferred start:    
*Year (e.g. 2023) Term (e.g. 2)*

Sibling of a current Pakiri School Student?  Yes  No

### 2 Parent/caregiver 1 details

Full name:

Address:

Phone:

Email:

### 3 Parent/caregiver 2 details (optional)

Full name:

Address:

Phone:

Email:

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### 4 Sibling details (optional)

*For younger siblings who may also enrol at Pakiri School in the future.*

Full name:

Date of birth:   
*dd/mm/yyyy*

Full name:

Date of birth:   
*dd/mm/yyyy*

Full name:

Date of birth:   
*dd/mm/yyyy*

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### 5 Consent

I/we give Pakiri School permission to request information from my child's preschool/primary school in support of their transition to Pakiri School.

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### 6 Submit form

Once you've completed this form please email to: [office@pakiri.school.nz](mailto:office@pakiri.school.nz)

Or post to:  
Pakiri School  
Bathgate Road  
Wellsford, 0972  
Aotearoa New Zealand