

P: 07 863 8693
E: office@east.school.nz
Donnelly Street,
Waihi 3610
www.waihieast.school.nz

## ENROLMENT SCHEME STUDENT APPLICATION 2025 SCHOOL YEAR

Students Name:	Male/Female (circle)
Date of Birth:	Age:
Parent/Caregiver Name:	
Address:	
School currently attending (if any)	
I am applying for my child to be enrolled as a year in 2025.	_ student at Waihi East School starting school
<u>Priorities for Enrolment</u>	
Enrolments will be accepted in the following order of J	priority:
(Because we have no special programmes, they are)	
siblings of a current student at Waihi East Sch siblings of a former student at Waihi East Sch child of a former student at Waihi East School thild of an employee or a board member at W all other applicants	ool or former student at Waihi East School
My child fits into the priority.	
Email address: P	hone No:
Signed:	_
Date:	
For future planning, are there other younger siblings who might want to attend Waihi East School?	
1. Name: Dat	te of Birth:/
2. Name: Dat	te of Birth:/
3. Name: Dat	te of Birth:/

