

Out of Zone Application Form

Pupil's Surname _____

Given Name/s _____

Date of Birth _____ Gender **Male / Female**

Full Names of Parents or Guardians

Surname _____ Given Name _____

Surname _____ Given Name _____

Residential address _____

Phone (home) _____ (work) _____ Mobile _____

Email _____

Does the child have a sibling currently at Konini School? **YES / NO**

Name of sibling _____

Is the child a sibling of a former Konini School student? **YES / NO**

Name of former sibling _____

Is your child enrolled at another school **YES / NO**

Which school? _____

Present school (if applicable) _____ Year Level _____

Names/Ages of any younger siblings _____

Signed _____ Date _____