



REGISTRATION OF INTEREST FORM

(Please complete one form per child)

Name of child.....

Date of birth.....

Current school year level.....

Current school.....

Home address.....

.....

.....

Primary caregiver.....

Phone contact.....

Email contact.....

Preferred start date at Seven Oaks.....

Please return this by post to 77 Murphys Road, Halswell, Christchurch, 8025
or email it to office@sevenoaks.school.nz

Many thanks for your interest in our school.
We look forward to meeting you and your family.