

# Year 9 Out of Zone Application Priorities 2-5 • 2025

## BALLOT PRIORITIES

The exact number of Out of Zone placements will depend on the number of applications received from students living in the College home zone.

The Amendment Act 2010 states that:

**Priority 2** must be given to any applicant who is the **sibling of a current student** of the school

**Priority 3** must be given to any student who is the **sibling of a former student** of the school

**Priority 4** must be given to any applicant who is a **child of a former student** of the school

**Priority 5** must be given to any applicant who is either a **child of an employee of the board of the school** or a **child of a member of the board of the school**

In situations where the number of applicants for Year 9 exceeds the number of places available for Out of Zone students, selection will be by ballot. If a ballot is required at our College, it will be held on **Wednesday 11 September 2024** and will be supervised by a Justice of the Peace, practising lawyer, or a sworn member of the police. **Due to the college experiencing continued growth, we cannot determine the number of Out of Zone placements available for Years 10-13 in the 2025 academic year. The number of placements will be checked and reviewed in January 2025. Therefore, the date for a proposed ballot for Years 10-13 will be advertised and all Out of Zone applicants will be emailed the scheduled date of that ballot.** If your application has been successful, you will be asked to confirm your acceptance or rejection within 14 days of the date the letter was sent. If you do not respond within the 14 days, the place will be offered to the first person on the waiting list established by the ballot.

**The final deadline for receipt of applications for OUT OF ZONE students is 4pm Wednesday 4 September 2024.**

**The ballot takes place on Wednesday 11 September 2024.**

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**All form fields must be filled in completely.** If not applicable, please write N/A. **Only completed applications with the enclosed documents below will be accepted. All incomplete forms will be returned to you for completion.**

### Own Home

An agreement for Sale & Purchase if the purchase has been within the last 3 months.

**AND** a current electricity account; **OR** a verification from an electrical supplier; **OR** welcome letter (in this instance a request may be made at a later date for the current electricity account if you are unable to provide one at the time of application).

**Confirmation from an electricity supplier must show both your name and address.**

**AND** a copy of one other utility account e.g. phone bill, insurance receipt, car registration that is current with name and address.

### Rental

A Tenancy Agreement (must be valid for the period of 12 months from the first day the student commences school at Botany Downs Secondary College and it must be a council approved rateable dwelling of which your family are the **SOLE** occupants (boarding/homestays or renting part of a house are not permitted).

**AND** a current electricity account; **OR** a verification from an electrical supplier; **OR** welcome letter (in this instance a request may be made at a later date for the current electricity account if you are unable to provide one at the time of application).

**Confirmation from an electricity supplier must show both your name and address.**

**AND** the bond lodgement receipt from the Department of Building & Housing.

**AND** a copy of one other utility account e.g. phone bill, insurance receipt, car registration that is current with name and address.

## Other Information:

Included documentation (if applicable) for Legal Guardianship Order/Authorised Primary Duty of Care (see section D). **Legal Guardianship Order/Authorised Primary Duty of Care must be a long-standing arrangement and not created solely for the purpose of gaining entry to the school. If Authorised Primary Duty of Care, written evidence from a NZ Lawyer must be provided and attached, substantiating the legality and existing long-term nature of this relationship.**

**For New Zealand Citizens – Birth Certificate or Passport or New Zealand Citizenship Certificate.**  
Please make colour copies of these and hand in with your Enrolment Form

**For Non-New Zealand Citizens – Copies of Student’s Passport with Residence Permit or Student Passport with Student Visa and Parent Passport with Work Permit**

**A copy of your child’s latest school report (2024)**

**A copy of your child’s immunisation record** (available from your GP)

**NOTE:** Please provide copies of documentation as we are unable to make copies of your originals.

Botany Downs Secondary College may actively collect information and make all enquiries necessary in its opinion to ensure that enrolment details contained in this application are accurate.

To complete the application process, you and your child will be required to attend an enrolment interview. We will contact you to arrange an interview time. Upon completion of the enrolment process, the College will send you written confirmation of acceptance.

**Note:** Students with a non-English speaking background who have lived in New Zealand for less than four years may be required to take an ESOL test.

### **Please return your completed application to:**

Miss Melanie Smith  
Enrolment Officer  
Botany Downs Secondary College  
575 Chapel Road  
East Tamaki  
Auckland 2016

# Year 9 Out of Zone Application Priorities 2-5 • 2025

**ADMIN USE ONLY**

Date Received		Enrolled By	
Entered in Kamar		Interview Date	
Data File Entered		Start Date	
Scanned			

**If you have any enquiries,**  
contact our Enrolment Officer  
Miss Melanie Smith  
on 09 273 2310 ext. 359  
enrolments@bdsc.school.nz

## Priority Category

- Priority 2** - applicant is the **sibling of a current student** of the school
- Priority 3** - applicant is the **sibling of a former student** of the school
- Priority 4** - applicant is a **child of a former student** of the school
- Priority 5** - applicant is either a **child of an employee of the board of the school** or a **child of a member of the board of the school**

## A: Particulars of Student

Gender:	<input type="checkbox"/> Male / Tāne	<input type="checkbox"/> Female / Wahine	
	<input type="checkbox"/> Gender diverse not further defined / Ira tāngata kōwhiri kore	<input type="checkbox"/> Transgender male to female / Whakawahine	
	<input type="checkbox"/> Transgender female to male / Tangata ira tāne	<input type="checkbox"/> Gender diverse not elsewhere classified / Ira tāngata kōwhiri kore	
Legal Surname:	<input style="width: 100%;" type="text"/>		
Legal First Name:	<input style="width: 100%;" type="text"/>		
Middle Name(s):	<input style="width: 40%;" type="text"/>	Preferred First Name:	<input style="width: 40%;" type="text"/>
Address:	<input style="width: 100%;" type="text"/>		
	<input style="width: 100%;" type="text"/>		
	<input style="width: 60%;" type="text"/>	POSTCODE	<input style="width: 20%;" type="text"/>
Student Email Address:	<input style="width: 100%;" type="text"/>		
Student Mobile Phone:	<input style="width: 40%;" type="text"/>	Date of Birth:	<input style="width: 40%;" type="text"/>
Country of Birth:	<input style="width: 40%;" type="text"/>	Current School:	<input style="width: 40%;" type="text"/>
Previous Schools Attended in NZ (at any stage):	<input style="width: 100%;" type="text"/>		
	<input style="width: 100%;" type="text"/>		
	<input style="width: 100%;" type="text"/>		

**NEW ZEALAND CITIZEN (COLUMN 1)**NZ Birth Certificate Number: **OR** NZ Passport Number: **If Not New Zealand Born:**Date of Entry into NZ: **OR** NZ Citizenship Number: **OR** Passport Number: **NON-NEW ZEALAND CITIZEN (COLUMN 2)**Date of Entry into NZ: Student Passport Number: Residence Permit Number: **OR** Student Visa Number: Parent Passport Number: Parent Visa Number: **OR** Refugee Status:  Yes  No**CULTURAL IDENTITY** (please tick your cultural identity. If you have two, please place 1 and 2 by each)

<input type="checkbox"/> NZ European	<input type="checkbox"/> Korean	<input type="checkbox"/> Fijian	<input type="checkbox"/> Indian
<input type="checkbox"/> NZ Māori*	<input type="checkbox"/> Other Asian	<input type="checkbox"/> Samoan	<input type="checkbox"/> Middle Eastern
<input type="checkbox"/> Australian	<input type="checkbox"/> British/Irish	<input type="checkbox"/> Tongan	<input type="checkbox"/> Sri Lankan
<input type="checkbox"/> Chinese	<input type="checkbox"/> Other European	<input type="checkbox"/> Niuean	<input type="checkbox"/> South African
<input type="checkbox"/> Japanese	<input type="checkbox"/> Fijian Indian	<input type="checkbox"/> Other Pacific Peoples	<input type="checkbox"/> Latin American

Other: \*If you selected NZ Māori, please state your Iwi: **B: Caregivers - Residence A****This is the person legally responsible for the student, living at the same address as the student.**

It is Botany Downs Secondary College's expectation that all students will reside permanently with their natural parent(s) or Legal Guardian for the duration of the student's attendance at Botany Downs Secondary College.

Contact with parents and recording of student progress is conducted by email. Please complete the email section clearly.

**CAREGIVER 1 - RESIDENCE A**Surname: First Name: Relationship to Student: Home Number: Mobile Number: Business Number: Address: 

POSTCODE

Email Address: Occupation: Employer/Workplace:

**CAREGIVER 2 - RESIDENCE A**

Surname:	<input type="text"/>	First Name:	<input type="text"/>
Relationship to Student:	<input type="text"/>	Home Number:	<input type="text"/>
Mobile Number:	<input type="text"/>	Business Number:	<input type="text"/>
Address:	<input type="text"/>		
	<input type="text"/>		
		POSTCODE	
	<input type="text"/>		
Email Address:	<input type="text"/>		
Occupation:	<input type="text"/>		
Employer/Workplace:	<input type="text"/>		

**C: Caregivers - Residence B**

Parents or other adults that have responsibility for the student, but do not live at the same address.

**CAREGIVER 1 - RESIDENCE B**

Surname:	<input type="text"/>	First Name:	<input type="text"/>
Relationship to Student:	<input type="text"/>	Occupation:	<input type="text"/>
Home Number:	<input type="text"/>	Mobile Number:	<input type="text"/>
Email Address:	<input type="text"/>		
Home Address:	<input type="text"/>		
	<input type="text"/>		
		POSTCODE	

**CAREGIVER 2 - RESIDENCE B**

Surname:	<input type="text"/>	First Name:	<input type="text"/>
Relationship to Student:	<input type="text"/>	Occupation:	<input type="text"/>
Home Number:	<input type="text"/>	Mobile Number:	<input type="text"/>
Email Address:	<input type="text"/>		

Are there any specific custody orders that the College should be made aware of? If yes, please describe:	YES	NO
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<input type="text"/>
<input type="text"/>
<input type="text"/>

## D: Legal Guardian/\*Authorised Primary Duty of Care

**Legal Guardian (i.e. Permanent Legal Guardianship Order: S47 Parenting Order, Care of Children Act 2004 - obtained through the NZ Family Court - must be attached.) If \*Authorised Primary Duty of Care, written evidence from a NZ Lawyer must be provided and attached, substantiating the legality and existing long-term nature of this relationship.**

<input type="checkbox"/> Legal Guardian	<input type="checkbox"/> Authorised Primary Duty of Care		
Surname:	<input type="text"/>	First Name:	<input type="text"/>
Relationship to Student:	<input type="text"/>	Occupation:	<input type="text"/>
Home Number:	<input type="text"/>	Mobile Number:	<input type="text"/>
Email Address:	<input type="text"/>		
Home Address:	<input type="text"/>		
			<input type="text" value="POSTCODE"/>

If your child is in a shared custody situation, the secondary address is as follows:

Address:	<input type="text"/>
	<input type="text"/>
	<input type="text" value="POSTCODE"/>

## E: Emergency Contact

**Contact person in event of an emergency if Parent/Legal Guardian/Authorised Primary Duty of Care are not available NOT PARENT OR CAREGIVER.**

The contact person in the event of an emergency should be a relative or neighbour who can be contacted during the day by the school should some medical or other unforeseen emergency arise. The contact person will be contacted only if neither parent/Legal Guardian/Authorised Primary Duty of Care can be contacted.

Surname:	<input type="text"/>	First Name:	<input type="text"/>
Home Number:	<input type="text"/>	Mobile Number:	<input type="text"/>
Relationship to Student:	<input type="text"/>		

## F: Sibling Information

**Please complete if applicable.**

Sibling(s) CURRENTLY attending Botany Downs Secondary College:

Name:	<input type="text"/>	Year:	<input type="text"/>	Whānau:	<input type="text"/>
Name:	<input type="text"/>	Year:	<input type="text"/>	Whānau:	<input type="text"/>

Sibling(s) who were FORMER students attending Botany Downs Secondary College:

Name:	<input type="text"/>	Year:	<input type="text"/>	Whānau:	<input type="text"/>
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Do you wish your child to be in the same Whānau as the sibling?  
(Once Whānau has been allocated, it cannot be changed.)

YES

NO

## G: Background Information / Interests

Hobbies and leisure activities:


Community involvement:


Music, Drama, Dance (please indicate any performing art that your child participates in):


Sports - what does your child play?


Cultural - what is your child involved in?


Other personal interests and aspirations:


Any awards? (Please list awards or certificates and other achievements that your child has received):


## H: Language Ability

**Only complete this section if English is NOT your first language.**

Is English your second language?  YES  NO What is your first language?

How long have you lived in New Zealand?

Has your child participated in an English as a Second Language (ESOL) programme in their current school?  YES  NO

How long have they been attending this programme?

If you are new to New Zealand, did your child attend an English programme at their previous overseas school?  YES  NO

If so, how long have they been attending this English programme?

## I: Special Circumstances

**\*Please be assured that any information you provide is treated as strictly private and confidential.**

Does the student have a medical or physical disability or a learning difficulty that may affect their classroom learning? Examples would be, but are not limited to, Autism, ASD (Autism Spectrum Disorder), Dyslexia, Dyspraxia, and ADHD.

My child has a physical disability:

YES

NO

My child has a learning difficulty:

YES

NO

Has your child been involved with any **supported learning programmes or had Teacher Aide support** at previous schools such as the Aspiring Centre at Somerville?

YES

NO

My child has currently or previously received funding for their learning or behaviour e.g. ORS, HHN, ICS (In-class support), IRF (interim response funding) or additional external support e.g. RTL

YES

NO

If yes, please provide a brief description of any of the above:


Do you have something you would like to discuss with us as a separate issue at the time of enrolment, with our SENCO (Special Education Needs Coordinator)?

YES

NO

If yes, please provide an Educational Psychologist, Medical or Occupational Therapy Assessment Report(s) with this application and give a brief description of any of the above:


## J: Counselling

**Please be assured that any information you provide is treated as strictly private and confidential.**

Has your child received support from Counsellors at their previous school?

YES

NO

Please indicate if any of the below agencies or services have been involved:

Child Youth and Family/Oranga Tamariki?

YES

NO

Whirinaki (or other child adolescent mental health service)?

YES

NO

Private Practitioner/Psychologist/Psychiatrist/Private Counsellor?

YES

NO

Other?

YES

NO

Or, would you prefer a confidential discussion with one of our Counsellors?

YES

NO



## K: Medical

To assist us in providing the best care for your child, please complete the following questionnaire with as much detail as possible.

While this information is confidential, it may be necessary for the safety of your child, to inform relevant staff of medical conditions. Student health may change during the course of their schooling. Please notify the College Nurse as soon as possible with any changes to medical details on 09 273 2310 ext. 374.

### MEDICAL CONDITIONS (please tick)

<input type="checkbox"/>	Allergies. Please clearly specify:	<input type="text"/>					
<input type="checkbox"/>	Asthma	<input type="checkbox"/>	Back/Neck Problems	<input type="checkbox"/>	Coeliac disease	<input type="checkbox"/>	Diabetes
<input type="checkbox"/>	Epilepsy	<input type="checkbox"/>	Headaches/Migraines	<input type="checkbox"/>	Heart Condition	<input type="checkbox"/>	Mobility challenges
Other (specify):		<input type="text"/>					

### REACTIONS (please tick)

<input type="checkbox"/>	Bee or wasp stings	<input type="checkbox"/>	Hay fever	<input type="checkbox"/>	Insect bites	<input type="checkbox"/>	Latex/plasters
<input type="checkbox"/>	Medications	<input type="checkbox"/>	Sulfa	<input type="checkbox"/>	Sunlight	<input type="text"/>	
Other (specify):		<input type="text"/>					

### FOR STUDENTS WITH ASTHMA

Does your child have an ASTHMA ACTION PLAN?

YES

NO

If using preventers, the Asthma Society recommends having an Action Plan which requires updating every 6 to 12 months. See your Doctor or Practice Nurse and please provide a copy to our College Nurse.

### MEDICATIONS

For students who require regular medication, it is advisable to leave a supply of their **labelled** prescribed medication with the College Nurse. Please contact the College Nurse to discuss these requirements, and to obtain a copy of the Parental Consent form which will allow the administration of the prescribed medication when required.

Regular medication(s):

<input type="text"/>
<input type="text"/>
<input type="text"/>

### HEARING

Does your child have any hearing loss?

YES

NO

Is the hearing loss significant enough to affect their learning?

YES

NO

Does your child wear a hearing aid?

YES

NO

### VISION

Does your child have any vision impairment or concern?

YES

NO

Is the vision impairment significant enough to affect their learning?

YES

NO

Does your child need to wear glasses/contact lenses?

YES

NO

### VACCINATIONS (please tick)

Has your child completed their childhood immunisation programme?

*(If unsure, please contact your GP or Practice Nurse)*

YES

NO

Please supply a copy of your child's vaccination record.

<input type="checkbox"/> Diphtheria	<input type="checkbox"/> Hepatitis B	<input type="checkbox"/> HIB (Haemophilus influenzae Type B)	<input type="checkbox"/> HPV (Human Papillomavirus)
<input type="checkbox"/> Measles	<input type="checkbox"/> Mumps	<input type="checkbox"/> Pertussis (Whooping Cough)	<input type="checkbox"/> Polio
<input type="checkbox"/> Rubella	<input type="checkbox"/> Tetanus	<input type="checkbox"/> Varicella (Chickenpox)	<input type="checkbox"/> Rotavirus
<input type="checkbox"/> Pneumococcal	<input type="checkbox"/> Meningococcal B	<input type="checkbox"/> Covid-19	

Other (specify):

### PERMISSION FOR ADMINISTERING MEDICATION

Allowed Paracetamol?

YES

NO

Allowed Ibuprofen?

YES

NO

Allowed Antihistamine?

YES

NO

**Family Doctor**

Name:

Phone Number:

**Family Dentist**

Name:

Phone Number:

In some circumstances, it is necessary for medication to be given for such things as stings/bites, abrasions, cuts, indigestion and colds etc.

**I give permission** for the College to administer this treatment if necessary.

**Parent/Guardian/Authorised  
Primary Duty of Care  
Signature:**

**Date:**

### IN CASE OF ACCIDENT OR EMERGENCY

In case of an accident or emergency and the College cannot contact you, or if the accident is serious, **the College may:**

- Transport the child to an Accident and Emergency Clinic for treatment.
- Call an ambulance.
- Administer the student's prescribed medication supplied to the College Nurse.
- Use our Ventolin Inhaler in an asthma emergency, if own medication is unavailable.
- Use our Defibrillator in the event of a student suffering cardiac arrest.

**I give permission** for Botany Downs Secondary College to make such arrangements as are necessary for the treatment of my child and agree to meet any costs incurred.

**Parent/Guardian/Authorised  
Primary Duty of Care  
Signature:**

**Date:**

**In case of a serious accident or emergency, an Ambulance will be called. A parent/ guardian will also be called so please always ensure that the College has your current contact details.**

## L: The Purpose of the Privacy Act, 1993

### I hereby acknowledge:

- The information in this enrolment application has been provided voluntarily.
- The Board of Trustees of Botany Downs Secondary College is collecting the information for the purpose of providing a database of information relating to the future education, guidance, monitoring and reporting of students' progress and pastoral care. In an emergency, at the discretion of the Principal, information from the file could possibly be given to an agency such as the police or a doctor.
- We will share personal information about students' progress and well-being with those people named in our records as the parent(s), caregiver(s) or guardian(s) of that student. We will only share other personal information with the parent(s), caregiver(s), guardian(s) or extended family/whānau of a student who are noted in our records as able to receive that information.
- The information collected may be used for a variety of statistical and research purposes, while ensuring that no individual can be identified.

## M: Declaration of Usual Place of Residence

For the purpose of enrolment, the home address given on this form **MUST** be the student's usual place of residence when the college is open for instruction.

I confirm that I will advise the College of any subsequent change of address

YES	NO
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I confirm that this is the student's only residential address

YES	NO
-----	----

Please state other address if the student resides there too:


Please list below your child's place of residence and schools attended in the last three years:

	HOME ADDRESS	SCHOOL ATTENDED
2022		
2023		
2024		

## N: College Donation

The College donation helps cover shortfalls in government funding to cover such items as class materials, computer technology, library books, sports and cultural equipment, or any such purpose as may be approved by the Board of Trustees.

Donation tax credits can be claimed from the Inland Revenue Department. You can find out more about this, and apply, by visiting the page about donations on the IRD's website.

The College is very appreciative of the support from families who pay the College donation.

## O: Student Undertaking

**I request** that I be admitted to Botany Downs Secondary College.

**I agree** to abide by the Botany Downs Secondary College's responsible use CyberSafety Agreement, outlining the students' rights and responsibilities regarding the use of IT.

**I have read** the CyberSafety Agreement, Behavioural Expectations - Our Way, Use of Mobile Phones, and Uniform and Presentation Standards as set out in the enrolment documentation and I will always abide by these.

Student  
Signature:

Date:

## P: Parent/Guardian/Authorised Primary Duty of Care Undertaking

**I/We hereby** undertake with the Botany Downs Secondary College Board of Trustees to observe the conditions and expectations as outlined in the enrolment documentation, so far as they affect me, and the student enrolled.

**I/We agree** to uphold and abide by the College standards and behaviour expectations as set out in 'Our Way'.

**I/We agree** to abide by the Botany Downs Secondary College's responsible use of CyberSafety Agreement, outlining the students' rights and responsibilities regarding the use of IT. A copy of this agreement is included in the Enrolment Information booklet and must be read by students/caregivers.

**I/We agree** to pay contributions toward activities, college trips, sports, subject consumables where appropriate, co-curricular activities and events that are identified in the Option Booklet, or by correspondence at home.

**I/We consent** to my child's photograph or college work being used for publicity material (e.g. on our prospectus, or website, or in displays).

**I/We agree** to the use (including disclosure) of the above information by the staff of the college for any purpose related to the education and well-being of the student concerned.

**I/We confirm** that my child will reside permanently with their parent/s or Legal Guardian or Authorised Primary Duty of Care for the duration of their attendance at Botany Downs Secondary College.

**I/We give permission** for you to contact previous school(s) for further information required.

**I/We declare** that the information provided on this enrolment application is true and correct.

Parent/Guardian/Authorised  
Primary Duty of Care  
Signature:

Date:

Parent/Guardian/Authorised  
Primary Duty of Care  
Signature:

Date:

# CHECKLIST

Please confirm that you have read the following sections in the Enrolment Information booklet, and will keep these for your records/information:

- Behavioural Expectations - Our Way
- Uniform and Presentation Standards
- BYOD - Bring Your Own Device
- CyberSafety Agreement
- Use of Mobile Phones

## GENERAL INFORMATION

1. Applications must be made and will be processed according to the Botany Downs Secondary College enrolment policy with the official application form completed in full. Supplementary documentation required is as follows:
  - a) Verification of usual place of residence. Owners must supply a copy of a Sale & Purchase agreement, a recent electricity account (or provide verification from the electrical supplier) and one further utility account e.g. phone bill, insurance receipt, car registration that is current with name and address.

Those renting must include a copy of a fixed term rental agreement of a council approved rateable dwelling that is valid for the period of 12 months from the first day the student commences school at Botany Downs Secondary College, of which your family are the **SOLE** occupants (boarding/homestays or renting part of a house are not permitted). A recent electricity account (or provide verification from the electrical supplier). A bond lodgement receipt from the Department of Building & Housing and a shipping receipt for personal and household items from overseas or other cities. If not applicable then a receipt for the purchase of essential household items is to be supplied.

For those families who have moved from an address in New Zealand, a copy of the Post Office mail re-direction receipt is to be supplied, along with a copy of the 'Final Reading' electricity account of their previous address.
  - b) A copy of the applicant's latest school report.
  - c) A copy of the applicant's immunisation record.
  - d) **For New Zealand Citizens** – Birth Certificate or Passport or New Zealand Citizenship Certificate.
  - e) **For Non-New Zealand Citizens** – Copies of Student's Passport with Residence Permit or Student Passport with Student Visa and Parent Passport with Work Permit.
2. Applicants will be required to attend an enrolment interview at the college.
3. A Student/Parent/Guardian/Authorised Primary Duty of Care Undertaking verifying that information provided in the official enrolment form is true, must be signed.

Legal Guardianship Order/Authorised Primary Duty of Care must be long-standing arrangement and not created solely for the purpose of gaining entry to the school. If Authorised Primary Duty of Care, written evidence from a NZ Lawyer must be provided and attached, substantiating the legality and existing long-term nature of this relationship.
4. The above procedures apply to all year level enrolments. The Board of Trustees advises that places at all year levels are likely to be at a premium.

Further information about the school can be found on the Botany Downs Secondary College website - [www.bdsc.school.nz](http://www.bdsc.school.nz)

Please note that all incomplete forms will be returned to you for completion.

**Please return your completed application to:**

Miss Melanie Smith  
Enrolment Officer  
Botany Downs Secondary College  
575 Chapel Road  
East Tamaki  
Auckland 2016