



A SECONDARY SCHOOL PREMIERSHIP
TEAM ROSTER DETAILS

Please complete this form and return by email attachment to : nick@basketball.org.nz or fax to; 04 4723623 post to BBNZ, PO Box 6052, Marion Sq, Wellington, 6141

Name of School: City/Town:

NEW TO SCHOOL & NON DOMESTIC STUDENTS

TEAM PERSONNEL					Domestic Student	Date of Entry if after	Exempt Quota
Surname	First Name	Year Level	Birth Date		(note 3) (Yes/No)	1st Sept 2007 (note 1)	(note 2) If yes -Waiver attached
1.							
2							
3							
4							
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10							
11							
12							
Please insert more rows of required.							

1. Please indicate the date on which each student started the current period of attendance at the school and highlight any who started **on or after 1st Sept 2007**

2. Please indicate 'Yes' if a student who started classes on or after 1st Sept 2007 is exempt the NZSSSC 'new to school' quota because a) s/he is in Year 9 or in the first two years at a restricted entry school (e.g. girls only from Year 12) or b) because the principal of the previous school has provided a transfer approval letter that is held by the school of representation. **A copy of this letter must be attached to this form.**

3. Domestic students must hold a NZ or Cook Islands passport.; or a residence permit; be an Australian citizen; or be a dependent of a work permit holder, refugee or diplomat

Submitted by

Position

Contact Details

e-mail address

I verify the above details are true and correct and that all are bonafide fulltime students at this school.

Principals Signature: Date