



St Andrew's College

Application for Admission: Foreign Fee-paying Student

Student is applying to enter St Andrew's College at Year level in Term of calendar year

Application is for: Day Student Boarder

Date of application:

DD / MM / YYYY

STUDENT'S DETAILS

Surname:

Date of birth:

DD / MM / YYYY

Given names:

Male

Female

Preferred name:

Date of arrival in NZ:

Address during term (if known):

Telephone:

First language:

Nationality:

Previous schools attended in NZ (if any):

Language spoken at home:

Year level:

Year level:

Primary Caregiver's Details *(First point of contact for all communication.)*

Surname: _____

Given names: _____

Address: _____

Telephone (home): _____

Occupation: _____

Business address: _____

Telephone (business): _____

Mobile (personal): _____ Preferred contact?

Mobile (business): _____ Preferred contact?

Email (home): _____ Preferred contact?

Email (business): _____ Preferred contact?

Spouse / Partner's Details

Surname: _____

Given names: _____

Address: _____

Telephone (home): _____

Occupation: _____

Business address: _____

Telephone (business): _____

Mobile (personal): _____ Preferred contact?

Mobile (business): _____ Preferred contact?

Email (home): _____ Preferred contact?

Email (business): _____ Preferred contact?

WHO IS THE MAIN DEBTOR? Please tick as applicable:

Primary Caregiver

Spouse / Partner

New Zealand Emergency Contact Details (if applicable)

Surname: _____

Given names: _____

Relationship to student: _____

Telephone (home): _____

Occupation: _____

Mobile (personal): _____ Preferred contact?

Mobile (business): _____ Preferred contact?

Address: _____

Business address: _____

Email (home): _____ Preferred contact?

Email (business): _____ Preferred contact?

If you do not hold a New Zealand or Australian passport, please attach a clear copy of the photo page of your passport and your visa to this application form. If you do not as yet have a visa to enter New Zealand please indicate below which visa you are applying for:

Temporary Residency

Full Fee Paying Overseas Student

Exchange Student

STUDENT'S BACKGROUND INFORMATION

Are you aware of any diagnosed social, emotional or intellectual difficulties or special medical or learning needs which may impact on the student's ability to take full advantage of the programmes offered by the College? Failure to disclose any relevant information may jeopardise your child's enrolment.

Please indicate below, and provide documentation if applicable:

YES NO

- | | | | | | |
|--------------------------|--------------------------|-------------------------------|--------------------------|------------------------------|-------|
| <input type="checkbox"/> | <input type="checkbox"/> | Gifted | <input type="checkbox"/> | Other (please specify below) | _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | English as second language | | | _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | Support programme in numeracy | | | _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | Support programme in literacy | | | _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | Medical conditions | | | _____ |

FAMILY ASSOCIATION WITH THE COLLEGE – Please tick as applicable:

- | | | | |
|--------------------------|-------------------------------|-------------|----------------------------|
| <input type="checkbox"/> | Grandchild of former student? | NAME: _____ | YEARS OF ATTENDANCE: _____ |
| <input type="checkbox"/> | Child of former student? | NAME: _____ | YEARS OF ATTENDANCE: _____ |
| <input type="checkbox"/> | Sibling of former student? | NAME: _____ | YEARS OF ATTENDANCE: _____ |
| <input type="checkbox"/> | Sibling of current student? | NAME: _____ | CURRENT YEAR LEVEL: _____ |
| <input type="checkbox"/> | Other family association? | NAME: _____ | YEARS OF ATTENDANCE: _____ |

HOUSE ASSOCIATION WITH THE COLLEGE

- Erwin MacGibbon Rutherford Thompson

HOW DID YOU HEAR ABOUT THE COLLEGE – Please tick as applicable:

- | | | | | |
|--------------------------|----------------|--------------------------|------------------------------|-------|
| <input type="checkbox"/> | Online search | <input type="checkbox"/> | Other (please specify below) | _____ |
| <input type="checkbox"/> | Education fair | | | _____ |
| <input type="checkbox"/> | Word of mouth | | | _____ |
| <input type="checkbox"/> | Agent | | | _____ |

CHECK LIST —

International Student

Documents to include with this application:

- Recent school reports (translated into English)
- Recent photograph of student
- Statement of student's ability in English, from their English teacher
- An original piece of writing, signed as authentic by Head of English
- A copy of student's birth certificate or passport
- A valid student visa / permit
- Application fee for foreign fee-paying student of \$275 (non-refundable)

DISCLOSURE OF ALL INFORMATION REQUIREMENT

I/We undertake that prior to St Andrew's College offering my/our child a place at the College I/we will fully disclose all information about my/our child to the College which is in any way relevant to the College's decision to offer a place to my/our child.

In particular (but without limitation) I/we undertake that I/we will disclose to the College all information (if applicable) relating to my/our child's medical history or psychological condition, any allergies, any behavioural or emotional difficulties, any family issues which may impact negatively on the child and/or any custody or guardianship issues which are relevant to my/our child's application.

Application Fee

I/We attach a cheque for the Application Fee of \$275 payable to St Andrew's College, OR I/we have deposited \$275 in the bank account of St Andrew's College. This includes the \$25 bank fee for the transaction.

The St Andrew's College bank account number is 02 0800 0911793 000, SWIFT code BKNZLN22.

Please use your child's name and APPL FEE as a reference. Payment of the Application Fee is a condition of enrolment.

Please also enclose a copy of your son's/daughter's **birth certificate, New Zealand Citizenship certificate** or other evidence of eligibility, and read and sign the Privacy Act statement below (both guardians to sign please).

Privacy Act

The information on this form is collected and stored for St Andrew's College records. It is used to provide for the educational and general advancement of the student and for the purpose of carrying out the activities of the College. The information will also allow us to keep in touch with you until the application is considered during the year before entry.

Any information collected by the College may be provided to education authorities (under Section 7 (4) of the Privacy Act 1993) or to the student, parent, caregiver or guardian at the College's discretion. The College may also release information to parties outside the College at the discretion of the Rector, where it relates to the education, health, welfare or safety of the student.

Students and parents can, at any time, view their personal information and request correction.

If this application for admission does not succeed, the information on this form will be kept on our records unless otherwise indicated.

Primary Caregiver's signature: _____

Date: _____

Spouse / Partner's signature: _____

Date: _____

OFFER OF PLACE

Should you be offered a place at St Andrew's College you will be sent an Offer of Place form which, when duly completed and returned, will reserve a place for your child at St Andrew's College subject to the following conditions:

- The Offer of Place must be returned together with payment of a Non-Refundable Acceptance Fee within 30 days of receiving the Offer of Place, failing which the offer will lapse;
- The provision of all information relating to the child: learning, medical, social, psychological and physical;
- Subject to a satisfactory credit rating.

Please note: Continued enrolment is at the discretion of the Rector.



St Andrew's College

On receipt of this application, the student's name will be placed on our waiting list. All applications are considered by the Rector before an offer of enrolment is made.

Please send this form, with your application fee and evidence of student's eligibility to enrol, to:

**Registrar – St Andrew's College,
347 Papanui Road, Christchurch 8052, New Zealand**

P +64 3 940-2000 **F** +64 3 940-2060 **E** enrol@stac.school.nz
