



St Andrew's College

Date of application: _____

Application for Admission: Domestic Student (timebound)

Student's Details

Surname: _____

Date of birth: _____

Given names: _____

Male Female

Address: _____

Telephone: _____

Current school: _____

Current year level: _____

Ethnic group: NZ European Maori (Iwi: _____) Pacific Island Other _____

Religion: Christian Hindu Buddhist Jew Muslim

Sikh Other _____ No religion observed

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

Application is for: Day student Boarder

Primary Caregiver's Details (first point of contact for all communication)

Surname: _____

Surname: _____

Given names: _____

Given names: _____

Address: _____

Address: _____

Relationship to student: _____

Relationship to student: _____

Telephone (home): _____

Telephone (home): _____

Occupation: _____

Occupation: _____

Business address: _____

Business address: _____

Telephone (business): _____

Telephone (business): _____

Mobile (personal): _____ Preferred contact?

Mobile (personal): _____ Preferred contact?

Mobile (business): _____ Preferred contact?

Mobile (business): _____ Preferred contact?

Fax: _____

Fax: _____

Email (home): _____ Preferred contact?

Email (home): _____ Preferred contact?

Email (business): _____ Preferred contact?

Email (business): _____ Preferred contact?

Family Association with the College

Please tick as applicable:

Grandchild of former student? Name: _____ Years of attendance: _____

Child of former student? Name: _____ Years of attendance: _____

Sibling of former student? Name: _____ Years of attendance: _____

Sibling of current student? Name: _____ Current year level: _____

Other family association? Name: _____ Years of attendance: _____

Referee

Please provide details of a person whom we may contact in support of this admission application.

Name: _____ Relationship to student: _____
Address: _____ Telephone (home): _____
_____ Telephone (business): _____
Mobile (personal): _____ Email (home): _____
Mobile (business): _____ Email: (business): _____

Photographs

I agree that photographs taken of this student may be used by the College for marketing and publicity purposes Yes No

Please enclose your **application fee of \$150** and a copy of your **valid student visa/permit and evidence of a parent's right to be in New Zealand** 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.

I/we agree:

1. I/we have read and acknowledge the Privacy Act statement and give permission to the College to collect, store and disclose information accordingly.
2. To pay such fees as are charged by the College.
3. Before withdrawing our child we will give one term's notice in writing or, in default, pay a half term's fees.
4. The College has the right to discontinue the enrolment if school fees are not paid as and when required.
5. The College has the right to check my credit rating.

Primary caregiver's signature: _____ Date: _____

Spouse / partner's signature: _____ Date: _____

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

Julie Watson, Registrar, St Andrew's College, 347 Papanui Road, Christchurch 8052, New Zealand

Telephone: +64 3 940 2016; Fax: + 64 3 940 2060; Email: jwatson@stac.school.nz

On receipt of this application, the student's name will be placed on our waiting list. As applications exceed the number of places available, the Rector considers all applications before an offer of enrolment is made.