

Application for Admission New Zealand Residents



Student Information

Last name Given names

Date of birth.....

Address.....

Telephone.....

Application is for (tick) Female Male

Application date.....

Year level now..... Student is applying to enter in year level

In term

Of calendar year

Application is for (tick) Day student Boarder

Ethnic group

Religion (tick)

Christian Hindu Buddhist Jewish Muslim Sikh

No religion

Current school/preschool attended

Parent/Guardian Information – Information from both parents/guardian is requested

Father		Mother	
Last name.....		Last name.....	
First name.....		First name.....	
Title (circle) Mr Mrs Ms Dr Rev		Title (circle) Mr Mrs Ms Dr Rev	
Address.....		Address.....	
Telephone (home)		Telephone (home).....	
Telephone (work).....		Telephone (work).....	
Fax.....		Fax.....	
Email.....		Email.....	
Occupation.....		Occupation.....	
Relationship to student.....		Relationship to student.....	
Parent/guardian to whom account is sent.....			

Family association with the College

Please state:

Grandchild of former student	Yes/No	Name.....	Year of attendance
Child of former student	Yes/No	Name.....	Year of attendance
Sibling of former student	Yes/No	Name.....	Year of attendance
Sibling of present student	Yes/No	Name.....	Year of attendance
Any other association	Yes/No	Name.....	Year of attendance

Name of person who may be contacted in support of this application.....

Please enclose the following documents with this application form and sign the Privacy Act statement below:

- 1 Application fee \$150.00 non refundable
- 2 Birth Certificate

Photographs

Photographs taken of the students may be used for student records and in any publicity material the college sees fit to produce to achieve its purpose.

PRIVACY ACT

The information in this form is collected for St Andrew's College records. The information will also allow us to keep in touch with you until the application is considered during the year before entry.

This information, and any other information collected relating to the student will be used to provide for the educational and general advancement of the student and for the purpose of carrying out the activities of the College.

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 this 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 own 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 terms notice in writing or, in default, pay a half terms 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

Signature Father.....

Mother.....

Date.....

To be completed and returned to Julie Watson - Registrar
St Andrew's College, 347 Papanui Rd, Christchurch 8005, New Zealand
Telephone +64 (3) 940 2016 Fax +64 (3) 940 2060
Email jwatson@stac.school.nz Website wwwstac.school.nz

On receiving this application the student's name will be entered on our waiting list. Because applications exceed the number of places available the Rector considers the application before offering a place in the College. Please enclose an application fee of \$150.00 and birth certificate with this application.