



St Andrew's College

Application for Admission

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:

Student Mobile:

Address:

Current school:

Current year level:

Ethnic group: NZ European Māori (Iwi:) Pacific Island Other

Religion: Christian Hindu Buddhist Jew No religion observed
 Sikh Muslim Other

STUDENT'S BACKGROUND INFORMATION

Student's status:

- New Zealand citizen Overseas student Permanent resident Temporary resident
-

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 | _____ |
-

PARENT DETAILS

- The student resides with:
- Both Parents Guardian
 Mother Father

Where relevant, please attach copies of any Family Court or other court orders.

If natural parents are not living together please complete the section below:

- Parents Separated Parents Divorced
 Mother Deceased Father Deceased
 Mother Remarried Father Remarried

(This is important information to help avoid confusion and embarrassment.)

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

Surname: _____

Given names: _____

Address: _____

Relationship to student: _____

Telephone (home): _____

Occupation: _____

Business address: _____

Telephone (business): _____

Mobile (personal): _____ Preferred contact?

Mobile (business): _____

Email (home): _____ Preferred contact?

Email (business): _____

Spouse / Partner's Details

Surname: _____

Given names: _____

Address: _____

Relationship to student: _____

Telephone (home): _____

Occupation: _____

Business address: _____

Telephone (business): _____

Mobile (personal): _____ Preferred contact?

Mobile (business): _____

Email (home): _____ Preferred contact?

Email (business): _____

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: _____

HOUSE ASSOCIATION WITH THE COLLEGE

- Erwin MacGibbon Rutherford Thompson

REFEREE

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

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

EARLY CHILDHOOD EDUCATION (To be completed by New Entrant applicants only)

- Was Early Childhood Education attended?
- Yes, for the last years
 - Not regularly, only occasionally or with no on-going schedule
 - No, did not attend Early Childhood Education

Please enter the number of **hours per week** for up to three services (A–F) OR **tick the appropriate box** (G–J).

	ECE 1 (hrs/wk)	ECE 2 (hrs/wk)	ECE 3 (hrs/wk)
A) Kōhanga Reo			
B) Playcentre			
C) Kindergarten or Education and Care Centre			
D) Home based service			
E) Playgroup			
F) Correspondence School - Te Aho o Te Kura Pounamu			
G) Attended, but only outside New Zealand			
H) Attended, but do not know what type of service			
I) Did not attend			
J) Unable to establish if attended or not			

ONLY PLACE A TICK IN THE BOX/ES AT LEFT AS APPROPRIATE IF SECTION ABOVE IS LEFT BLANK.

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 \$150 payable to St Andrew's College, OR I/we have deposited \$150 in the bank account of St Andrew's College.

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.

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. I/We have read and acknowledge the Disclosure of All Information requirement.
3. To pay such fees as are charged by the College.
4. Before withdrawing our child we will give one term's notice in writing or, in default, pay the next half term's fees.
5. The College has the right to discontinue the enrolment if school fees are not paid as and when required.
6. The College has the right to check my credit rating.

Primary Caregiver's signature: _____

Date: _____

Spouse / Partner's signature: _____

Date: _____

CHECK LIST —

Domestic Student

Documents to include with this application:

- Evidence of New Zealand residency
- Copy of most recent school report
- A copy of student's birth certificate
- Application fee for domestic student of \$150 (non-refundable)

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.

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



St Andrew's College