



EST.1916

SCOTS COLLEGE

LEARNING. FOR LIFE.

APPLICATION FOR ENTRY TO BOARDING

5 Day Boarding 7-Day Boarding (Please indicate)

STUDENT INFORMATION		Ref: _____
Student's Full Name <div style="display: flex; justify-content: space-around; width: 100%;"> (First Names) (Surname) </div>		
Preferred Name: Date of Birth:/day...../month...../year		
Ethnic Identity: (please tick): NZ Maori <input type="checkbox"/> Which iwi do you identify with? European/Pakeha <input type="checkbox"/> Pacific Islander <input type="checkbox"/> Are you a permanent NZ resident? <input type="checkbox"/> Yes <input type="checkbox"/> No Asian/Japanese <input type="checkbox"/> South American <input type="checkbox"/> Passport No: Visa Expiry Date: Other <input type="checkbox"/> (overseas students only)		
Religious Denomination:		
Present School: Year Level: Proposed Year of Entry:		
Proposed Entry Level: <input type="checkbox"/> Year 9 <input type="checkbox"/> Year 10 <input type="checkbox"/> Year 11 <input type="checkbox"/> Year 12 <input type="checkbox"/> Year 13		
Do you have any brothers at Scots College: <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, they are:		
House (if you have family connection only):		
A short statement by the applicant on why he would like to come to Scots College:		
Emergency contact (if parents/legal guardians unavailable): Full Name:(First Name)(Surname)		
Relationship to Boarder:		
Address:		
Telephone No: Email:		
Medical Information: Student's Doctor is: Telephone No.		
Describe any special circumstances (eg. health related) that may affect classwork, sports or cultural activities:		

DETAILS OF PARENTS/LEGAL GUARDIANS (The legal guardian is the person who has the right to control the child and can make decisions in regard to upbringing and education)

Mother/Guardian (Ms/Miss/Mrs/Dr)

Father/Guardian (Mr/Dr)

Full Name: Full Name:
 Address: Address:
 Town/City Town/City
 Post Code. Post Code.....
 Country Country.....
 Telephone No: Telephone No:
 Home () Home ()
 Work () Work ()
 Fax () Fax ().....
 Mobile:..... Mobile:
 Email: Email:

If parents are separated at which address does the student normally reside:

Mother/Guardian Father/Guardian

School Information (eg reports, newsletters) **Yes/No** School Information (eg reports, newsletters) **Yes/No**

Accounts should be sent to:

Please nominate two non-family referees who can be contacted for confidential references:

Name: Name:
 First Surname First Surname

Telephone No: Home () Telephone No: Home ()
 Work () Work ()

Please include the following documentation: Latest School Report Passport Photograph

SIGNATURES OF PARENTS/GUARDIANS/STUDENTS

I/We give permission for my/our son to participate in activities which may necessitate his leaving the College grounds and supervision. My/our son understands that on such occasions he must take reasonable caution for his own safety and the safety of others.

The information on this form is for Scots College schooling and boarding administration. The information is held securely at Scots College and is only accessible to College Staff and the Board of Governors. At any time you may access the information and alter it if necessary. Prior to the formal offer of a place, I/we authorise Scots College staff to obtain further confidential information on the above student from the Head of School my/our son is currently attending.

.....
Signature of Mother/Guardian

.....
Signature of Father/Guardian

.....
Signature of Student

Date:/...../.....

TO BE COMPLETED AND RETURNED TO:

HEADMASTER • SCOTS COLLEGE • PO Box 15064 • WELLINGTON 6243 • NEW ZEALAND
 Telephone (04) 388 0850 : Fax (04) 388 2887 : Email lintottm@scotscollege.school.nz
www.scotscollege.school.nz