



St John's Girls' School

349 Dee Street, Invercargill - Telephone 03-218 7759 - Fax 03-21 4 1957

Email: principal@stjohnsgirls.school.nz

APPLICATION FOR ADMISSION FOR 20__

Year Level Boarder/Day Girl (*delete one*)

Class Level at Entrance (office)

Date of Admission (office)

Name of child
(Surname) (Christian Names)

Date of Birth..... Birth date verified

DETAILS OF PARENTS	FATHER	MOTHER
Surname
Christian Names
Occupation
Address (including rapid number and road name of rural properties)

Home Telephone (*including STD*)

Work Telephone (*including STD*)

Email

NAME(S) AND ADDRESS FOR ACCOUNTS AND SCHOOL COMMUNICATIONS

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Previous school attended

Religious affiliation.....

Ethnic group identified with:

- Pakeha/European Maori (*iwi identified with*)
- Pacific islands (*please specify*) Asian (*please specify*)
- Other (*please specify*)

New Zealand Citizen YES / NO

Any medical condition or special needs likely to affect your child's school life

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Any previous association with St John's Girls' School

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Previous House affiliation (Lester, Alabaster, Marchant or Enderby)

I agree that if so admitted, my daughter shall be subject to the rules and regulations of the school and I will be bound by the rules of St John's Girls' School Inc. (Copies available at the school office).

I agree to pay at the beginning of each term such fees as may from time to time be charged by the school's Board of Trustees or by the Board of Proprietors or by both Boards.

I agree to give at least one half term (in the case of a day girl) or a complete term's written notice (in the case of a boarder) of my intention to withdraw my child from the school or boarding house. I understand that if this is not given I will be liable for fees in lieu of notice.

I am in sympathy with the special character of St John's Girls' School as set out in Clause 15 of the Integration Deed. (See prospectus).

I acknowledge that both Boards reserve the right to charge interest on overdue accounts.

Signature of both parents:

Signature of Father

Signature of Mother

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Date.....

Please return completed to:
The Principal
St John's Girls' School
349 Dee Street
INVERCARGILL