



St John's Girls' School

349 Dee Street, Invercargill – Telephone 03-218 7759 Email: principal@stjohnsgirls.school.nz

APPLICATION FOR ADMISSION FOR 20__

Year Level

Class Level at Entrance (office)

Date of Admission (office)

Name of child
(Surname) (Christian Names)

Date of Birth.....

DETAILS OF PARENTS FATHER MOTHER

Surname

Christian Names

Occupation

Address

(including post code, rapid number and road name of rural properties)

Home Telephone (including STD)

Mobile

Work Telephone (including STD)

Email (clearly please)

NAME(S) AND ADDRESS FOR ACCOUNTS AND SCHOOL COMMUNICATIONS

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Previous school attended

Religious affiliation (must be filled in)

Ethnic group identified with:

New Zealand 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: Alabaster, Enderby, Lester, Marchant (Circle if applicable)

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.

I agree to pay by the requested time, payments charged by the school's Board of Trustees and/or the Board of Proprietors.

I am aware there are additional costs, over and above the usual costs of running the school (Board of Trustee Donation, Board of Proprietor Donation and Attendance Dues.

- stationery
- uniform
- costs for Year 6 - 8 camps, approximately \$250 - \$300 per camp

I acknowledge that both Boards reserve the right to add interest and debt collection recovery costs to any amount owing.

I agree to give at least one term's written notice of my intention to withdraw my child from the school.

I am in sympathy with the special character of St John's Girls' School. (St John's Girls' School is an interdenominational Christian school.)

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