



St John's Girls' School *Te Kura Kōtiro ō Hato Hoani*

349 Dee Street | Invercargill 9810 | New Zealand Phone: [03] 218 7759 | Email: principal@stjohnsgirls.school.nz

Application for Admission for 20_____

School Office to Complete this Section

Date Application Received		Acknowledged [verbal / email]		Year Level to be Enrolled	
Sibling		In Zone [✓ yes / x no]		Religious Values	
Place Offered [date of offer]		Place Accepted [✓ yes / x no]		Remain on Waiting list or Withdraw Application	
Room		House		First day of attendance at SJGS	

Section A: Student Details

Full Name of Child [include middle name/s]								Date of Birth		
NZ European		Pacific Islands		Asian		Māori		Iwi		
Other [please state]				School currently attending [if applicable]					Current Year Level	

Section A: Caregiver / Contact Information

MOTHER		Partner [if applicable]
Family Name		
First Name		
Address		
Occupation		
Home Phone #		
Work Phone #		
Mobile #		
Email Address		
FATHER		Partner [if applicable]
Family Name		
First Name		
Address		
Occupation		
Home Phone #		
Work Phone #		
Mobile #		
Email Address		

Please Turn Over

Section B: Student Needs

Learning Needs

Please state any identified learning difficulties or anything else we should be aware of e.g. dyslexia, ADHD etc.

Medical condition or special needs likely to affect your daughter's **SCHOOL** life

Treatment needed to deal with condition

Section C: Christianity and Previous SJGS Association

[this section must be completed to be considered for enrolment]

Christianity and living by Christian values are the fundamental cornerstones of the St John's Special Character.

Does your family support and uphold our Christianity? [tick or cross in box as appropriate]

Yes

No

Please detail religious affiliation

Previous Association with SJGS [please state]

Previous House affiliation
[Alabaster, Enderby, Lester, Marchant]

Section E: Declaration

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 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 camps

I acknowledge that I am committed to the termly invoices of both Boards [detailed in the SJGS Payment Schedule].

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

I will support the special character of St John's Girls' School.

Signature of Mother: _____

Date: _____

Signature of Father: _____

Date: _____

Please return completed form to:

The Principal
St John's Girls' School
349 Dee Street
Invercargill
principal@stjohnsgirls.school.nz