

WAIRARAPA COLLEGE

MASTERTON, NEW ZEALAND

APPLICATION FOR ADMISSION TO WAIRARAPA COLLEGE HOUSE

To be completed and returned to:

The Manager
Wairarapa College House
55 Renall Street
PO Box 198
MASTERTON

Telephone (06) 370 0416
Fax (06) 370 0419
Mobile (027) 248 9016
Email hostel@winz.co.nz

I wish to enrol my son / daughter / ward at College House as a year _____ boarder	Year of Entry	200
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Surname	First Names
Preferred Name	Date of Birth _____ day _____ month _____ year

Ethnic Identity (tick box)			
NZ Maori		Asian	
Pacific Islander		South American	
European/Pakeha		Other	

Overseas Students Only
Passport No:
Visa Expiry Date:

Present School	Year Level
Nearest Secondary School	Distance (km)
Distance from school bus route (km)	

Mother's/Guardian's Details					
Surname			First Name		
Postal Address					
Phone		Home		Work	
Fax		Email			

Father's/Guardian's Details					
Surname			First Name		
Postal Address					
Phone		Home		Work	
Fax		Email			

I/We agree that my son/daughter/ward shall be subject to the Codes of Conduct and Discipline of College House, to abide by the Hostel fees policy of the Board Of Trustees and to pay for pocket money and such extras as incurred.

Signature 1. _____ **Signature 2.** _____ **Date** _____

PERSONAL INFORMATION

Are there special family circumstances the Hostel Staff should be aware of e.g. family court orders, access arrangements? **YES/NO** If Yes please specify:

Does your son/daughter have their own personal and/or medical insurance? **YES/NO** If Yes please specify:

Does your son/daughter suffer from any physical or mental disability which may affect his/her full participation in Hostel life? **YES/NO** If Yes please specify:

Newsletters are to be sent to: (please circle)

Father / Mother / Other _____

Invoices / Accounts to be sent to: (please circle)

Father / Mother / Other _____

Reports are to be sent to: (please circle)

Father / Mother / Other _____

OTHER EMERGENCY CONTACT IF PARENTS/LEGAL GUARDIANS UNAVAILABLE

(The Legal Guardian is the person who has the right to control the student and make decisions with regard to upbringing and education)

Surname _____ First Name _____

Relationship to Boarder _____

Address and Contact Details _____

OFFICE USE ONLY:

Boarding Bursary Application

Entered In Debtors

Sent

R/cvd

Yes

No

Deposit received

\$ _____

Method of Payment

- Year
- Term
- AP

MEDICAL INFORMATION

Family Doctor (Name) _____

(Contact Details) _____

Family Dentist (Name) _____

(Contact Details) _____

Does your child suffer from any of the following: Please Tick

Asthma

Hay fever

Food Allergy

Insect Bite / Sting Allergy

Antibiotic Allergy

Diabetes

Please specify: _____

Is your son/daughter currently taking medication? Yes/No If yes please specify

Does your child wear:	Glasses	Yes/No
	Contact Lenses	Yes/No
	Hearing Aid	Yes/No

Has your child had:	Measles	Yes/No
	Whooping Cough	Yes/No
	Chicken Pox	Yes/No
	Mumps	Yes/No
	Rheumatic Fever	Yes/No
	Appendicitis	Yes/No
	Tonsillitis	Yes/No

Does your child have recurrent problems with the following: Please tick

Ears

Nose

Eyes

Throat

Please specify: _____

What is your child's blood type: _____

Has your child been immunised against the following: Please tick

Polio

Hepatitis B

Tetanus

Do you have a Community Services card Yes/No If yes please state the number _____

I/We consent to my/our child being treated by a health provider (including Doctor/Dentist) at the discretion of Wairarapa College House.

SIGNED: _____ **SIGNED:** _____ **DATE:** _____