

Application Form (Please tick ✓ ● where appropriate)

I/We wish to enrol our son/daughter/ward at Poto College House as a Year ____ Boarder | Year of entry 20 ____

Surname _____ ● Male ● Female

Given names _____

(preferred name) _____ Date of Birth _____

Ethnic Identity (group/s you identify with)

- New Zealand Māori Iwi _____
- Cook Islands Māori Tongan Niuean
- Chinese Indian Dutch German

First Language (spoken at home)

- New Zealander (European/Pakeha) Samoan
- Tokelauan South American Japanese
- Other, please specify _____

Overseas Students only

Passport No. _____ Visa Expiry Date _____

Present School _____ Year Level ____

Nearest Secondary School _____ Distance ____ kms Distance to school bus route ____ kms

Primary Caregiver's (First point of contact for all communication.)

Parent 1 Legal Guardian

Surname _____

Given names _____

Postal address _____

Home phone _____

Mobile _____

Email _____

Occupation _____

Work phone _____

Work email _____

Parent 2 Legal Guardian

Surname _____

Given names _____

Postal address _____

Home phone _____

Mobile _____

Email _____

Occupation _____

Work phone _____

Work email _____

I/We agree that our son/daughter/ward shall be subject to the Codes of Conduct and Discipline of Poto College House, and to abide by the Hostel Fees Policy of Poto College House.

Signature 1 _____ Signature 2 _____ Date _____

Personal Information (Please tick ✓ Yes or No where appropriate)

Are there any special family circumstances the Hostel Staff should be aware of e.g., Family Court Order or Access Arrangements?

Yes No

Please specify _____

Does your son/daughter/ward have their own personal and/or medical insurance?

Yes No

Please specify _____

Does your son/daughter/ward suffer from any physical or mental disability which may affect his/her full participation in Hostel life?

Yes No

Please specify _____

Newsletters are to be sent to:

Father Yes No

Mother Yes No

Other, please specify _____

Invoices/Accounts are to be sent to:

Father Yes No

Mother Yes No

Other, please specify _____

Reports are to be sent to:

Father Yes No

Mother Yes No

Other, please specify _____

OTHER EMERGENCY CONTACT IF PARENT / LEGAL GUARDIAN ARE 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

Sent _____ Received _____

Entered in Debtors

Yes No

Deposit received

Yes No \$ _____

Bond received

Yes No \$ _____

Method of payment – Automatic Payment

Weekly Fortnightly Monthly