



Application Form

STUDENT INFORMATION

Surname: _____

Given names: _____

Preferred name: _____

Date of Birth: / /

Current School: _____

Religion: _____

Ethnicity: _____

Student is applying to Waihi School at Year level: _____

in Term: of the Calendar year: _____

Application is for: Day Student Boarder

RESIDENTIAL STATUS OR NATIONALITY

New Zealand Citizen or Resident: Yes No

If 'yes' please supply a copy of the student's birth certificate.

If 'no' please supply photocopy of the student and parent passports.

FAMILY ASSOCIATION WITH THE SCHOOL

How did you find out about Waihi School: _____

Grandchild of former student:

NAME: _____ YEARS ATTENDED: _____

Child of former student:

NAME: _____ YEARS ATTENDED: _____

Brother or Sister of former student:

NAME: _____ YEARS ATTENDED: _____

Brother or Sister of current student:

NAME: _____ YEARS ATTENDED: _____

Other: _____

House Affiliation, if any: _____

PRIVACY ACT

The information in this form is collected for Waihi School records. The information will also allow us to keep in touch with you until the application is considered during the year before entry. This information, and any other information collected relating to students, will be used to provide for the educational and general advancement of the student and for the purpose of carrying out the activities of the School.

Any information collected by the School may be provided to educational authorities (under Section 7.4 of the Privacy Act 1993) or to the student, parent, caregiver or guardian at the School's discretion. The School may also release this information to parties outside the School at the discretion of the Headmaster where it relates to the education, health, welfare or safety of the student.

Students and parents can at any time view their own personal information and request corrections. If this application for admission does not succeed, the information on this form will be kept on our records unless otherwise indicated.

DETAILS OF PARENTS

FATHER

Surname: _____ Title: _____

Given names: _____

Physical Address: _____

_____ Post Code: _____

Postal Address: _____

_____ Post Code: _____

Home Phone: _____

Work Phone: _____

Mobile: _____

Email: _____

Occupation: _____

MOTHER

Surname: _____ Title: _____

Given names: _____

Physical Address: _____

_____ Post Code: _____

Postal Address: _____

_____ Post Code: _____

Home Phone: _____

Work Phone: _____

Mobile: _____

Email: _____

Occupation: _____

SIGNATURES

Father: _____ Date: / /

Mother: _____ Date: / /

And/or Guardian: _____ Date: / /

APPLICATION ENTRY

Please send your application fee of \$150*, copy of birth certificate and/or passport, along with your completed form to:

Waihi School, 611 Temuka-Orari Highway,
RD 26, Temuka 7986

Any queries, please email executive@waihi.school.nz
or phone 03 687 8071

Internet payments can be made to Waihi School Trust Board
BNZ 02-0888-0117841-00