Application for Admission to King's College



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	Day Student	Boarding Student		International Student
Prop	osed year of entry		Proposed Year level at entry	

Student information

Male	Female				
First names		Preferred name			
Surname		Date of birth	/	/	
Current school		Country of birth			
Ethnicity					
If Māori, state iwi					
Religion					

Family information

GUARDIAN/PARENT 1

Relationship to student	Mr Mrs Ms Miss Dr Rev Prof
First names	Preferred
Surname	
Home address	
City	Postcode
Postal address (if different to home)	
Home phone	Work phone
Mobile phone	
Email	
Occupation	
Employer/ business name	

Office Use Only

Ref Application Fee Paid

GUARDIAN/PARENT 2

Relationship to student	Mr Mrs Ms Miss Dr Rev Prof
First names	Preferred
Surname	
Home address	
City	Postcode
Postal address (if different to home)	
Home phone	Work phone
Mobile phone	
Email	
Occupation	
Employer/ business name	

Family arrangements

During the week, the student lives with:

Both Guard	dians/Parents	Guar	dian/Parent 1 only		Guardia	an/Paren	t 2 only		Other (ple	ease specify	below)
Relationship to st	tudent				Mr	Mrs	Ms	Miss	Dr	Rev	Prof
First names						Prefer	rred				
Surname											
Home address											
City				Post	code						
Home phone			Work phone				Me	obile phone			
Email											

Emergency contact

Other than a guardian/parent: The person nominated should be available to come and collect the student at short notice if the need should arise and a guardian/parent is not available.

EMERGENCY CONTACT 1	EMERGENCY CONTACT 2			
Name	Name			
Mobile number	Mobile number			
Phone number	Phone number			
Relationship	Relationship			

Family association with King's College

Name					
Relationship to studer	nt				
Year(s) at King's colle	ge				
Affiliation to King's Co	llege				
House					
Learning in	formati	ion			
Has the student been	involved with	any Gifted and Talented	Programmes at their current scho	ool?	
Yes	No	If yes, please specify			
Does the student have	e any learning	challenges?			
Yes	No	If yes, please specify			
Has the student had a	n Educationa	l Psychology Assessment)		
Yes	No	If yes, please specify			
Modical and	1 nooto	rologro			
Medical all	ı pastu.	lai cale			
Family Doctor	ı pastu.	rar care		Phone number	
Medical and Family Doctor Practice name	ı pastu.	rai care		Phone number	
Family Doctor Practice name			r physical history that the Medica		be aware of?
Family Doctor Practice name			r physical history that the Medica		be aware of?
Family Doctor Practice name Does the student have	e, or has the s	tudent had any medical c	r physical history that the Medica		be aware of?
Family Doctor Practice name Does the student have	e, or has the s No e, or has the s	tudent had any medical o		al Centre staff should	be aware of? family concerns that the Medical
Family Doctor Practice name Does the student have	e, or has the s No e, or has the s	tudent had any medical o		al Centre staff should	
Family Doctor Practice name Does the student have Yes Does the student have Centre staff should be	e, or has the s No e, or has the s aware of?	tudent had any medical of the least specify of the least specify tudent had, any psychological tudent had, any psychological specifical to the least specifical speci		al Centre staff should	
Family Doctor Practice name Does the student have Yes Does the student have Centre staff should be	e, or has the s No e, or has the s aware of?	tudent had any medical of the least specify of the least specify tudent had, any psychological tudent had, any psychological specifical to the least specifical speci		al Centre staff should	
Family Doctor Practice name Does the student have Yes Does the student have Centre staff should be	e, or has the s No e, or has the s aware of?	tudent had any medical of the least specify of the least specify tudent had, any psychological tudent had, any psychological specifical to the least specifical speci	gical, emotional, behavioural, me	al Centre staff should	
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Family Doctor Practice name Does the student have Yes Does the student have Centre staff should be	e, or has the s No e, or has the s aware of? No	tudent had any medical of lifyes, please specify tudent had, any psycholocal lifyes, please specify	gical, emotional, behavioural, me	al Centre staff should	
Practice name Does the student have Yes Does the student have Centre staff should be Yes Payment De	e, or has the s No e, or has the s aware of? No	tudent had any medical of lifyes, please specify tudent had, any psycholocal lifyes, please specify	gical, emotional, behavioural, me	al Centre staff should	
Practice name Does the student have Yes Does the student have Centre staff should be Yes Payment De Card number	e, or has the s No e, or has the s aware of? No	tudent had any medical of lifyes, please specify tudent had, any psycholocal lifyes, please specify	gical, emotional, behavioural, me	al Centre staff should	

Declaration

			given to ensure best pract or incorrect or misleading		_	ollege reserves the right to reconsider				
	I/we declare tha	at the information p	rovided in this enrolment a	pplication is true	and correct.					
	I/we agree to notify the College as soon as reasonably practicable of any change to the information contained in this application.									
	I/we understand that acceptance of this form does not constitute admission of the student to King's College.									
	I/we will be required to agree to the Terms and Conditions of Entry at the time an offer is made and enter into an Admission Agreement with King's College.									
	guardianship m					on Agreement with the College is a otifying the College of acceptance of				
In ord	er for King's Colle	ege to assess the su	itability of the student for a	admission:						
	I/we give King's	College (or an app	ointed third party) authoris	sation to contact	the student's current	or most recent school.				
Priv	acy Act									
The in	formation in this	application form an	nd collected in relation to e	nrolment procedu	ires is retained by Kir	ng's College and will be used to:				
	Assess the su	uitability of the appli	icant.							
	Maintain a re	cord of the student's	s details if this application is	successful and th	e student is enrolled	at King's College.				
	 Contact pare 	nts/guardians if this	application is successful an	d the student is e	nrolled at King's Colle	ge.				
		ata analysis for statis he applicant.	stical and research purposes	s at a later date, ev	ven if the application (does not succeed, in a way which does				
			e personal information provi for the purposes as specifie		nd collected in accord	dance with this form will be held				
		I that I/we have the rided by the Privacy		correct this inform	nation at any time, exc	cept where it relates to one of the				
GUAR	DIAN/PARENT 1			GUARDIAN,	/PARENT 2					
Name				Name						
Signat	ure			Signature						
Date			(dd/mm/yyyy)	Date		(dd/mm/yyyy)				
Che	ecklist									
Please	return the comp	leted form along w	ith the following:							
	A copy of the st	udent's New Zealar	nd passport/birth certificat	e or if not born in	New Zealand, a copy	of their passport.				
	Proof of resider	cy/eligibility to stud	dy in New Zealand (if appli	cable).						
	A recent photog	graph (head shot) o	f the student.							
	A copy of the st	udent's most recen	t school report with teache	ers' comments.						
	Completed student CV.									

 $\underline{admissions@kingscollege.school.nz.}$

Admissions Office, King's College, PO Box 22012, Otahuhu, Auckland 1640.

A copy of any educational assessments.

Email:

Post: