



Date _____

STUDENT DETAILS

Family Name		
Given Names	<input type="radio"/> Male <input type="radio"/> Female	
Preferred Name		
Date of Birth	Country of Birth	
Nationality	Iwi (if applicable)	
Ethnicity		
Language/s spoken at home	Other languages spoken	
Address		
Postcode		
Telephone	Home	Mobile
Email		

ADMISSION TO ST MARK'S CHURCH SCHOOL

Proposed date of entry	Year 20	Year Level
Has your child ever been diagnosed with a learning disability?	<input type="radio"/> Yes	<input type="radio"/> No
Has your child ever been diagnosed with a behavioural disability?	<input type="radio"/> Yes	<input type="radio"/> No
Has your child ever been expelled, excluded, suspended, withdrawn or stood down from any school?	<input type="radio"/> Yes	<input type="radio"/> No

Is there anything else regarding your child's behavioural and learning needs or social interactions that we should be made aware of as part of their enrolment? e.g. if your child ever had an IEP or behaviour plan, or an Educational Psychologist report.
- If so please attach the latest report/s from the relevant educational or medical professional.

STUDENT IS CURRENTLY ATTENDING

Name of School/Preschool
Present Year Level

PARENT 1 / GUARDIAN DETAILS

Family Name	Title	<input type="radio"/> Mrs	<input type="radio"/> Ms	<input type="radio"/> Miss	<input type="radio"/> Dr	<input type="radio"/> Prof
Given Names						
Home Address if different from student above						
Postcode						
Telephone	Home	Mobile				
Email						

PARENT 2 / GUARDIAN DETAILS

Family Name	Title	<input type="radio"/> Mr	<input type="radio"/> Dr	<input type="radio"/> Prof
Given Names				
Home Address if different from student above				
Postcode				
Telephone	Home	Mobile		
Email				

HAVE YOU HAD ANY FAMILY MEMBERS WHO ATTEND OR PREVIOUSLY ATTENDED ST MARK'S

Full name at time of attendance

Full name at time of attendance

Years of attendance

Years of attendance

Relationship to student

Relationship to student

House Owen (Green) Averill (Blue) Julius (Yellow) West Watson (Red)

HOW DID YOU LEARN ABOUT ST MARK'S

I / we first became aware of St Mark's Church School by (please tick)

Recommendation from relative/friend current parent past parent past student

Website Internet search engine advertisement word of mouth other

I / we have toured the School at an Open Day Individual appointment other

PRIVACY ACT

- The information on this form is collected and used by the school to facilitate education for your child, to facilitate the operation and administration of the school, to provide for the health, welfare and safety of the child and it is also used for associated school activities. The information is available to staff of the school and to members of the School Board. We also use the information provided to maintain contact with the parents/guardians of the child.
- The school is required by law in some situations to provide information to other organisations, for example the Ministry of Education, Ministry of Health, or other schools your child attends in the future.
- You have the right to request access and to request correction of information held about you by the school. Please contact the school if any details needs to be changed, particularly contact details.

DECLARATION

- I/we declare that the information provided on this application form is true and correct.
- I/we understand that acceptance of this form does not constitute an offer or a guarantee of an offer of a place at St Mark's Church School.
- I/we have read and acknowledged the Privacy Act statement and agree to St Mark's Church School collecting, storing and disclosing the information accordingly.

Signature Parent 1:

Date:

Signature Parent 2:

Date:

APPLICATION CHECK LIST

This form completed in full, dated and signed

I have enclosed payment of \$100 non-refundable application fee.

OR

I have made payment of \$100 Direct Debit

Account number: 02 0568 0303506 02, Account holder name: St Mark's Church School, Reference: Childs Surname & First Initial

Payment Date

Copy of last school report and PAT results if applicable, plus any other reports/documents relating to your child's learning.

Copy of Birth Certificate / Passport

Once you have completed this form, please forward to us with all of the required documents and your non-refundable application fee of \$100. Your application is not complete until payment of \$100 has been received.

Following your application your child will be invited to attend an interview with the Principal at St Mark's Church School. After this interview a letter of offer and additional enrolment forms will be sent to you if your child is offered a place. On your acceptance of the offer a \$450 non-refundable enrolment fee is payable.

PLEASE RETURN THE COMPLETED APPLICATION TO

Director of Admissions: St Mark's Church School, PO Box 7445, Wellington 6242

Or email to: enrol@st-marks.school.nz

Or deliver to: St Mark's Church School, 13 Dufferin Street, Wellington 6021