



Date _____

STUDENT DETAILS

Family Name _____

Given Names _____ Male Female

Preferred Name _____

Date of Birth _____ Country of Birth _____

Nationality _____

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 _____

Intended length of stay _____

Has your child ever been diagnosed with a learning disability? Yes No

Has your child ever been diagnosed with a behavioural disability? Yes No

Has your child ever been expelled, excluded, suspended, withdrawn or stood down from any school? Yes 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 _____

How many years has your child been studying English? _____

PARENT 1 / GUARDIAN DETAILS

Family Name _____ Title Mrs Ms Miss Dr Prof

Given Names _____

Home Address if different from student above _____

Postcode _____

Telephone Home _____ Mobile _____

Email _____

PARENT 2 / GUARDIAN DETAILS

Family Name _____ Title Mr Dr Prof

Given Names _____

Home Address if different from student above _____

Postcode _____

Telephone Home _____ Mobile _____

Email _____

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

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 \$200 non-refundable application fee.

OR

- I have made payment of \$200
Account name: St Mark's Church School, Bank: Bank of New Zealand, Swift Code: BKNZ NZ22 (No IBAN number)
Account number: 02-0568 0303506 02, Branch: Courtenay Place

Payment Date

- Copy of last school report 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 \$200. Your application is not complete until payment of \$200 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 \$600 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