



# WELLINGTON COLLEGE

Dufferin Street • PO Box 16073, Wellington 6242 • Telephone: 04 802 2520 • Facsimile: 04 802 2542  
Email: enrolments@wellington-college.school.nz • Web: www.wellington-college.school.nz

Date of Application:        /        /        • Applications Close: 04/11/11

Please tick the box applicable to your application:

Out of Zone     Current Sibling     Previous Sibling     Son of Old Boy

## ENROLMENT APPLICATION FOR YEARS 10 - 13, 2012

STUDENT'S DETAILS				
Family Name:		First Names:		
Preferred Name:		Date of Birth:     /     / 19		
Address:				Postcode:
Current School:	Current Form Level:	Suburb/Town of School:		
Student's Email Address:		Student's Mobile Number:		
Ethnic Group: <input type="checkbox"/> European <input type="checkbox"/> Maori <input type="checkbox"/> Pasifika (Please specify)		<input type="checkbox"/> Asian (Please specify)		<input type="checkbox"/> Other:
If Maori, list iwi/s:    1.		2.	3.	
Tick ONE Box:	<input type="checkbox"/> NZ Citizen	<input type="checkbox"/> Permanent Resident	<input type="checkbox"/> Other (Please specify)	
NAME OF FATHER WHO ATTENDED WELLINGTON COLLEGE (if applying as a son of a former student)				
Family Name:		First Names:		Years Attended    19    to
NAME OF OLDER SIBLING WHO CURRENTLY ATTENDS WELLINGTON COLLEGE OR HAS DONE PREVIOUSLY				
Family Name:		First Names		Form:     or Years:
<b>CAREGIVER ONE INFORMATION</b>		<input type="checkbox"/> Living with Son		<input type="checkbox"/> Access to Son
<input type="checkbox"/> Mr	<input type="checkbox"/> Mrs	<input type="checkbox"/> Ms	<input type="checkbox"/> Miss	<input type="checkbox"/> Other (Please specify)
Family Name:		First Names:		
Relationship:		Email Address:		
Address:				Postcode:
Home Telephone:		Work Telephone:		Mobile:
Occupation:		Company Name/Employer:		
<b>CAREGIVER TWO INFORMATION</b>		<input type="checkbox"/> Living with Son		<input type="checkbox"/> Access to Son
<input type="checkbox"/> Mr	<input type="checkbox"/> Mrs	<input type="checkbox"/> Ms	<input type="checkbox"/> Miss	<input type="checkbox"/> Other (Please specify)
Family Name:		First Names:		
Relationship:		Email Address:		
Address:				Postcode:
Home Telephone:		Work Telephone:		Mobile:
Occupation:		Company Name/Employer:		
LEGAL GUARDIAN INFORMATION (Where Applicable)				
<input type="checkbox"/> Mr	<input type="checkbox"/> Mrs	<input type="checkbox"/> Ms	<input type="checkbox"/> Miss	<input type="checkbox"/> Other (Please specify)
Family Name:		First Names:		
Relationship:		Email Address:		
Address:				Postcode:
Home Telephone:		Work Telephone:		Mobile:
Occupation:		Company Name/Employer:		

EMERGENCY CONTACT DETAILS • THIS INFORMATION IS ESSENTIAL (Not to be a Parent or Caregiver)					
<input type="checkbox"/> Mr	<input type="checkbox"/> Mrs	<input type="checkbox"/> Ms	<input type="checkbox"/> Miss	<input type="checkbox"/> Other (Please specify)	
Surname:			First Name:		
Relationship to Student:			Mobile:		
Home:			Work:		
STUDENT SUBJECT INFORMATION (Option Subject Choices. Please refer to the Enrolment Information Booklet)					
1.	2.	3.	4.	5.	6.
EXTRA CURRICULAR ACTIVITIES (What extracurricular activities does student currently participate in? Do not include Scouts/Art Classes etc)					
Sports:	1.	2.	3.	4.	
Performing Arts:	1.	2.	3.	4.	
MEDICAL INFORMATION					
Illness/Allergies:					
Medications:					
Special Needs:					
COLLEGE DIRECTORY					
A Directory of students with form class, address, telephone number and email address is produced by College Mothers and distributed to all students early in the year. Please indicate your consent for this.					
<input type="checkbox"/> Yes, include our details			<input type="checkbox"/> No, do not include any of our details		
WELLINGTON COLLEGE OLD BOY AFFILIATION					
The following information does not enhance your application. It is just to assist with the family links with the WCOBA database.					
Have you any relations who have attended Wellington College?				<input type="checkbox"/> Yes	<input type="checkbox"/> No
Name of Relative:	Relationship:	Years Attended:	-		
Name of Relative:	Relationship:	Years Attended:	-		
<i>The purpose of collecting this information is to allow Wellington College to carry out the functions required of it as a secondary provider and information may be disclosed to specified agencies for this purpose or as stated in Part 10, Clause 97 of the Privacy Act, 1993. Wellington College undertakes to comply with the provisions of the Privacy Act 1993, which relate to collection, storage, usage and disclosure of personal information.</i>					
TO BE INCLUDED WITH YOUR APPLICATION					
<input type="checkbox"/> Copy of Birth Certificate	<input type="checkbox"/> Copy of Passport if student born overseas and date of entry into NZ				
<input type="checkbox"/> Copy of NZ Residency (if applicable)	<input type="checkbox"/> Copy of Approved Refugee Status (if applicable)				
<i>Note: If parent/s are studying for a PhD at a NZ University, as an International Student, a copy of parent/s passport, study visa and enrolment acceptance for PhD is required. If parent/s are in New Zealand on a work permit, a copy of parent/s passport work visa is required.</i>					
DECLARATION					
I/We confirm that the information contained in this enrolment application is true and correct in every respect and my/our son (ward) shall be subject to all rules, regulations and expectations of the College as stated in the prospectus.					
I/We also agree to give the earliest possible advice to the College of a decision to withdraw this application.					
Signed:	Date: / /	Relationship to the Student:			
Signed:	Date: / /	Relationship to the Student:			

**At least one parent to sign.**

WELLINGTON COLLEGE ENROLMENT SCHEME	
First Priority:	Applicants whose permanent place of residence is within the College zone
Second Priority:	Applicants who are siblings of current students
Third Priority:	Applicants who are siblings of former students
Fourth Priority:	Applicants who are sons of former students of the College
Fifth Priority:	Applicants who are either sons of an employee of the Board of the School or sons of a Member of the Board of the School.
Sixth Priority:	All other applicants.

OFFICE USE ONLY:
<input type="checkbox"/> Birth Certificate
<input type="checkbox"/> Confirmation of Application
<input type="checkbox"/> Residential Verification
<input type="checkbox"/> Subjects
RECEIVED:
<input type="checkbox"/> Completed Acceptance
<input type="checkbox"/> Withdrawn Notification