



# Wesley College

## APPLICATION FOR ADMISSION

### PROPOSED STUDENT

SURNAME

GIVEN NAMES (in full)

#### Checklist

#### Please enclose:

- a) Copy of Applicant's most recent report from present school.
- b) Copy of Birth Certificate.
- c) Copy of Applicants Passport.
- d) Copy of Parents Residency (Applicable to Parents who were not born in New Zealand).
- e) Passport Photograph.
- f) At least three character references from reputable people (preferably who are **not** immediate relatives), eg. a kaumatua, community leader, sports coach, teacher, minister of religion.
- g) A copy of your most recent electricity account to confirm address details.

Address to which application must be sent:

**Wesley College**  
**Enrolment Administration**  
**P.O. Box 58**  
**Pukekohe**

# APPLICATION FOR ADMISSION

Student's Name: \_\_\_\_\_ Circle: Male / Female  
Surname Given Names

Student's Preferred Name: \_\_\_\_\_ (the name student is known by)

Date of Birth: \_\_\_\_\_ Current Age \_\_\_\_ yrs \_\_\_\_ mths

Ethnic Background: \_\_\_\_\_ Nationality / Citizenship: \_\_\_\_\_

Present School \_\_\_\_\_ Yrs 11, 12 & 13  
NZQA National Student No: \_\_\_\_\_  
(Refer NZQA Result Notice)

**For NZ Maori:**  
Iwi/Hapuu Affiliation \_\_\_\_\_ Iwi/Hapuu Affiliation Code: \_\_\_\_\_  
[Refer to attached MOE Affiliation Reference Sheet]

Language(s) Spoken at Home: \_\_\_\_\_

Church affiliation: \_\_\_\_\_

## CHILD, YOUTH AND FAMILY SERVICE / YOUTH JUSTICE SERVICE

Please indicate if there has been any involvement with the following:

	Yes	No
• Child, Youth and Family Service	<input type="checkbox"/>	<input type="checkbox"/>
• Youth Justice Service	<input type="checkbox"/>	<input type="checkbox"/>
• Youth Worker / Youth Development	<input type="checkbox"/>	<input type="checkbox"/>

If you have indicated 'Yes' please explain what that involvement is:

Please use a separate sheet of paper if necessary

## SPECIAL CHARACTER INFORMATION

Please state your association with Te Hahi Weteriana/The Methodist Church of NZ or another Methodist Church.

Please state your previous association with Wesley College, eg. the applicant is the son/daughter of a former student?

**House Affiliation: School, Simmonds, Stanton, Winstone (please circle)**

The applicant wishes to enrol as:

		in Year	9	10
Boarder	<input type="checkbox"/>		11	12
Day Student	<input type="checkbox"/>		13	

(circle appropriate Year level)

to commence in 201\_\_\_\_\_

To be completed by **both** parents/guardians

**FATHER/GUARDIAN**

**MOTHER/GUARDIAN**

Relationship to Student: \_\_\_\_\_

Relationship to Student: \_\_\_\_\_

Full Name: \_\_\_\_\_

Full Name: \_\_\_\_\_

Private Address: \_\_\_\_\_

Private Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Phone: \_\_\_\_\_

Phone: \_\_\_\_\_

Place of Work: \_\_\_\_\_

Place of Work: \_\_\_\_\_

Phone (Bus.): \_\_\_\_\_

Phone (Bus.): \_\_\_\_\_

Fax: \_\_\_\_\_

Fax: \_\_\_\_\_

Occupation: \_\_\_\_\_

Occupation: \_\_\_\_\_

Email Address: \_\_\_\_\_

Email Address: \_\_\_\_\_

Mobile Phone No: \_\_\_\_\_

Mobile Phone No: \_\_\_\_\_

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**FOR OVERSEAS STUDENTS:** Please supply name and address of New Zealand Guardian (i.e. the person responsible for housing student during College holidays):

Name: \_\_\_\_\_ Relationship to pupil: \_\_\_\_\_

NZ Address: \_\_\_\_\_

\_\_\_\_\_ Phone: \_\_\_\_\_

Also: please supply copies of Residence Permits and Visa details as appropriate.

Passport style  
photo of  
student

**DECLARATION:**

1. I am the Natural Parent/Adoptive Parent/Legal Guardian.
2. I agree that if he/she is so admitted:-
  - (a) He/she shall be subject to the rules and regulations of the College.
  - (b) To pay such agreed fees as may from time to time be charged by the Wesley College Trust Board
    - i) in advance at the beginning of each term; or
    - ii) by weekly/fortnightly automatic payment to start the first week of January and to continue whilst (s)he is enrolled at Wesley College
  - (c) To give one term's written notice of my intention to remove him / her from the boarding hostel or to pay one half term's fees.
  - (d) To his/her receiving such instruction as the Board of Trustees and / or Wesley College Trust Board may from time to time decide to allow in terms of Section 3 of the Contraception Sterilization and Abortion Act 1977.
  - (e) To his/her taking part in religious observances and religious instruction as determined by the Principal, subject to Section 32 of the Private Schools Conditional Integration Act.
  - (f) The Principal is given the authority to stand down or suspend pupils from the Hostel for any breaches of school rules or for unacceptable behaviour. It is acknowledged that the Principal has the sole discretion to decide what behaviour is unacceptable and I / we agree to abide by that decision.  
[Note: (i) any decision to exclude a pupil from the hostels is made by the Discipline Committee of the Wesley College Trust Board; and  
(ii) the provisions for disciplinary matters in the school are contained in the Education Act 1989]
  - (g) The Principal is given the authority to act "in loco parentis" in the event of an accident or other circumstance resulting in my / our child requiring emergency medical treatment and all prior reasonable steps have been taken to contact me / us.
3. I agree to images of my / our child being published in the Collegian, on College Website and / or in any other publications for the purpose of recognizing my/our child's achievements and promoting/advertising Wesley College.
4. Accounts should be sent to the person who is directly responsible for the payment of the accounts.
5. I/We understand that if payment is not received by the due date and if referred to a collection agency then all collection, legal cost and any expenses will be borne by the person/organisation responsible for payments of Wesley College accounts.

Name: \_\_\_\_\_

Street Address. \_\_\_\_\_

Postal (if different). \_\_\_\_\_

Signature of the above person \_\_\_\_\_

(This signature indicates that the above person / organization accepts responsibility for the payment of Wesley College accounts)

6. I understand that this information is being collected under the terms of the Privacy Act 1993.

**Privacy Act 1993**

1. The information you are requested to provide in completing this application form is personal information to which the Privacy Act 1993 applies.
2. Failure to provide the personal information requested in the form will mean that Wesley College is unable to consider the application.
3. All the personal information provided will be kept by Wesley College and used only for the following purposes, namely:
  - (a) assessing the proposed student's application for admission to Wesley College; and
  - (b) if the application is approved;
    - (i) the applicant's schooling at Wesley College; and
    - (ii) at the conclusion of the applicant's schooling, is retained indefinitely for record purposes.
4. Under the Privacy Act you have rights of access to and correction of all personal information provided in the Application for Admission form.

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_  
**Student**

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_  
**Parent(s) / Guardians(s)**

**MEDICAL REPORT**

Comment as to state of general health from family Doctor.

Please include N.H.I. No: \_\_\_\_\_

Name of Doctor \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_

**MEDICAL REPORT**

Student's Name: \_\_\_\_\_  
(Surname) (Given Names)

Date of Birth: \_\_\_\_\_ Male/Female: \_\_\_\_\_

Name of Card Holder: \_\_\_\_\_ Client No.: \_\_\_\_\_

Community Card No: \_\_\_\_\_

Commencement Date of Card: \_\_\_\_\_ Expiry Date of Card: \_\_\_\_\_

**HAS HE/SHE UNDERGONE ANY OPERATION?** If so, give date and particulars

**HAS HE/SHE HAD A SERIOUS ILLNESS OR ACCIDENT?** If so give date and particulars

**HAS HE/SHE HAD:- (circle one)**

Measles	Yes	No	Recurring Tonsillitis	Yes	No	Meningitis	Yes	No
Mumps	Yes	No	Ear Infection	Yes	No	Hepatitis 'A'	Yes	No
Chickenpox	Yes	No	Glandular Fever	Yes	No	Hepatitis 'B'	Yes	No
Malaria	Yes	No	Rheumatic Fever	Yes	No	Pneumonia	Yes	No

**DOES HE/SHE HAVE:-**

Epilepsy	Yes	No	Sight Problems	Yes	No	Diabetes	Yes	No
Hayfever	Yes	No	Hearing Loss	Yes	No	Asthma	Yes	No

Bed wetting problems Yes No

Long-term medication: \_\_\_\_\_

Other illnesses: \_\_\_\_\_

**Allergies — please specify**

To medication: \_\_\_\_\_

To foods: \_\_\_\_\_

Others: \_\_\_\_\_

**PARTICULARS OF INOCULATIONS AND VACCINATIONS**

Triple Vac. - Date \_\_\_\_\_ Tetanus - Date \_\_\_\_\_ Hepatitis 'B' - Date \_\_\_\_\_

**ANY FURTHER HEALTH PROBLEMS THAT WE SHOULD BE AWARE OF?**

**MAY HE/SHE PLAY ALL SCHOOL GAMES?** \_\_\_\_\_

**NEXT OF KIN (To be notified in case of emergency)**

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_ Phone (Home) \_\_\_\_\_

Phone (Work) \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_ Phone (Home) \_\_\_\_\_

Phone (Work) \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_ Phone (Home) \_\_\_\_\_

Phone (Work) \_\_\_\_\_

Signature of Parent \_\_\_\_\_ Date \_\_\_\_\_ Phone \_\_\_\_\_



## SPORTING ASSISTANCE

Wesley College participates in a variety of sporting codes. If you wish to assist with any of the teams please complete the following.

The College Sports Coordinator will contact you as soon as practical.

### Parent/Caregiver/Guardian

NAME: \_\_\_\_\_

Phone No: \_\_\_\_\_

ADDRESS \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

NAME: \_\_\_\_\_

Phone No: \_\_\_\_\_

ADDRESS \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Please indicate which sport/s you are able to assist:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_