

# Application for Admission to Rathkeale College

I/we hereby apply to have my/our son admitted to Rathkeale College



## STUDENT DETAILS

Surname

Forenames

Preferred Name

Residential Address

Postcode

Date of Birth  Day  Month  Year

Ethnicity  NZ Euro  NZ Maori  Asian  Other (please specify)

Nationality

Iwi Affiliation (if appropriate)

Religious Affiliation  or no Affiliation  (tick)

Student Type  Day Student  Boarder (Full or Weekly)

Probable Date of Entry  Year  Year Level

## PARENTS' DETAILS

Father's Surname

Title

Preferred Name

Postal Address   
*(if different from above)*

Father's Occupation

Phone Number (Home)  Phone Number (Business)

Mobile  E-mail

Mother's Surname

Title

Preferred Name

Postal Address   
*(if different from above)*

Mother's Occupation

Phone Number (Home)  Phone Number (Business)

Mobile  E-mail

Present school or intended school prior to entry Rathkeale College

If your son is in his intermediate years of schooling (Year 7 or 8) please provide the following details in support of his application.

Current School	<input type="text"/>
Time at that school (years)	<input type="text"/>
Principal	<input type="text"/>
Main Teacher(s) this year	<input type="text"/>
Main Teacher(s) last year	<input type="text"/>
Previous school (if at current school less than one year)	<input type="text"/>
Most recent teacher at that school	<input type="text"/>

*Please include copies of two most recent school reports*

If either parent is a former student of any of the Trinity Schools, please detail below (giving maiden name if applicable)

Name	<input type="text"/>
School	<input type="text"/>
Years attended	<input type="text"/>
Competition House	<input type="text"/>
Boarding House (if applicable)	<input type="text"/>

1. Any acceptance of an offer of a place at Rathkeale College requires that parents and students agree to adhere to the terms and conditions of admission that will be outlined on the acceptance form.
2. I/we agree to notify the College of any change in the information contained in this application as soon as it is possible to do so.

**Father's Signature**

**Mother's Signature**

**Date**       Day    Month    Year

**Medical Record**

<b>Family Doctor</b>	<b>Medical Conditions</b>	<b>Allergies</b>
<input type="text"/>	<input type="text"/>	<input type="text"/>

**Please return your application to:  
Principal, Rathkeale College, R D 11, Masterton, 5871  
Phone (06) 378 8377 Fax (06) 377 3214**

**THE TRINITY SCHOOLS**

Rathkeale College is a member of the Trinity family of schools. Hadlow Preparatory School offers boys and girls co-education to Form 2. St. Matthew's Collegiate is a Form 1-7 school for girls, with students in Forms 6 and 7 attending the Senior College on site at Rathkeale. Please tick if you require information about either:

St. Matthew's       Hadlow