

Application for Admission to Rathkeale College

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

STUDENT DETAILS

Surname	<input type="text"/>
Forenames	<input type="text"/>
Preferred Name	<input type="text"/>
Residential Address	<input type="text"/>
	<input type="text"/> Postcode <input type="text"/>
Date of Birth	<input type="text"/> Day <input type="text"/> Month <input type="text"/> Year
Ethnicity	<input type="radio"/> NZ Euro <input type="radio"/> NZ Maori <input type="radio"/> Asian <input type="radio"/> Other (please specify)
Nationality	<input type="text"/>
Iwi Affiliation (if appropriate)	<input type="text"/>
Religion	<input type="text"/>
Student Type	Day Student <input type="radio"/> Boarder <input type="radio"/>
Year of entry	2018 <input type="radio"/> 2019 <input type="radio"/> 2020 <input type="radio"/> 2021 <input type="radio"/> or <input type="text"/>
Year Level at entry	9 <input type="radio"/> 10 <input type="radio"/> 11 <input type="radio"/> 12 <input type="radio"/> 13 <input type="radio"/>
Present School or intended school prior to entry Rathkeale College	<input type="text"/>



PARENTS DETAILS

Fathers' Surname	<input type="text"/>		
Title (Mr, Mrs etc)	<input type="text"/>		
Preferred Name	<input type="text"/>		
Postal Address	<input type="text"/>		
(if different from above)	<input type="text"/>		
Fathers' Occupation	<input type="text"/>		
Fathers' Employer	<input type="text"/>		
Phone Number (Home)	<input type="text"/>	Phone Number (Business)	<input type="text"/>
Mobile	<input type="text"/>	E-mail	<input type="text"/>
Mothers' Surname	<input type="text"/>		
Title (Mr, Mrs etc)	<input type="text"/>		
Preferred Name	<input type="text"/>		
Postal Address	<input type="text"/>		
(if different from above)	<input type="text"/>		
Mothers' Occupation	<input type="text"/>		
Mothers' Employer	<input type="text"/>		
Phone Number (Home)	<input type="text"/>	Phone Number (Business)	<input type="text"/>
Mobile	<input type="text"/>	E-mail	<input type="text"/>

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	<input type="text"/>
House (Old Boys)	<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 as outlined on the acceptance form.
2. Disbursement deposit - The disbursement expenses are accumulated by the school and invoiced to parents periodically during the year. To assist the financing of this a voluntary disbursement deposit of \$250 is requested by the Board (prior to the student commencing at the school). This deposit is refunded to parents when the student leaves the school (after all disbursements have been paid). Alternatively parents may wish to forward this to the Rathkeale Old Boys Association as a life membership for their son. I agree to notify the College of any change in the information contained in this application as soon as is reasonably practical.
3. Names of two persons in support of your son's application who the College are authorised to contact:

(A) Name

Address

Phone

Relationship

Occupation

(B) Name

Address

Phone

Relationship

Occupation

Father's Signature

Mother's Signature

Date Day Month Year

Medical Record

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

PLEASE INCLUDE THE FOLLOWING WITH YOUR APPLICATION AND RETURN TO:
PRINCIPAL, RATHKEALE COLLEGE R D 11 MASTERTON
PHONE (06) 370 0175 FAX (06) 377 9020

Passport showing New Zealand residency status if not born in New Zealand

Copies of two most recent reports

As part of its agreement with the Crown the School is required to comply with all roll caps set by the Ministry of Education. Parents and caregivers need to be aware that requests to change a student's enrolment status (i.e. from boarder to day student) cannot occur if space for that type of enrolment is not available.