



St Kevin's College

Redcastle, Oamaru

Application for Admission

Due Date 31 July

School Ph (03) 437 1665
Fax (03) 437 2469
Boy's Hostel Fax (03) 437 2621
Girls Hostel Fax (03) 437 2329

P.O. Box 444
Oamaru 9444
Email: college@stkevins.school.nz
Website: www.stkevins.school.nz

Name (in full) _____
(Surname in block letters) (Christian names. Underline name used)

Home Address _____

Day Student or Boarder _____ Age _____ Date of Birth _____ Male / Female (please circle)
(for Boarding—see reverse)

Proposed year of entrance _____ Proposed year / form level at entrance _____

Present School and Class _____

Ethnic Origin (please circle) Pakeha / European Maori (iwi) Pacific Island Other

Religious Denomination _____

Parish _____ Place of Baptism _____
First communion Yes / No Confirmation Yes / No

List any disabilities e.g. short sightedness, deafness _____

Interests in sport _____

Interests in hobbies _____

Medical History _____

Name of Father _____ Religious Denomination _____

Name of Mother _____ Religious Denomination _____

No. of Children in Family _____ Child's position in Family _____

Father's Occupation _____ Business Phone _____

Mother's Occupation _____ Business Phone _____

Father's Full Residential Address _____ Phone _____

Mother's Full Residential Address _____ Phone _____
(if different from above)

Email Address _____ Fax _____

Emergency Contact _____ Phone _____

As a condition of enrolment and attendance of the named child at St Kevin's I undertake to pay the attendance dues as set by the Proprietor as they fall due.

I authorise St Kevin's to obtain from any relevant person or authority verification and other information relating to the matters contained in this application.
I declare that the statements in this form are true and correct to the best of my knowledge and belief and I acknowledge that the failure to disclose correct and relevant information when completing this application, or the failure to pay attendance dues as agreed, may result in the suspension of the pupil from the school and the removal of his or her name from the school register.

Signature of Parent / Guardian _____ Date _____

This application should be sent to the Principal as soon as possible. With it, in the case of boarders, should be sent the entrance fee of \$20.00
All applications must be received by 31 July of the year prior to admission.

Acknowledgement forwarded by _____ Date _____ (This space for office use only)

Year _____ Class _____ Laundry Number _____ Preference Student _____

For Hostel Admission Use Only

As a condition of enrolment of the named child at St Kevin's Hostel, I undertake to pay as they fall due, Hostel fees as determined by the Hostel Trust.

I am aware that failure to pay hostel fees as agreed may result in the withdrawal of the named child's position from the hostel in accordance with the Hostel Trust policy for collection of boarding fees.

Signature of Parent / Guardian

Date