CLARICE JOHNSTONE HOUSE

Name:



PLEASE PRINT CLEARLY WHEN COMPLETING THIS FORM



STUDENT DETAILSLegal Family Name:

Relationship to Student



Legal First Name(s):							
Preferred First Name(s):							
Date of Birth:							
Country of Birth/Residency (proof to be attached):							
Siblings at NCG:							
Proposed date of entry:	Term:	Year:	Year level:				
PRIMARY CAREGIVERS (Main contact/s i.e., who your daughter lives with the majority of the time)							
THINATE CALLEGIVERS (wain contact/s i.e., who your daugnter lives with the majority or the time)							
Mr/Mrs/Ms/Miss	Family Name	First Name					
Relationship to Student							
Mr/Mrs/Ms/Miss	Family Name	First Name					

ADDRESS DETAILS:		PHYSICAL ADDRESS	POSTAL ADDRESS
No. and Street name: (Include Emergency Services or Rapid No. for Rural Addresses)			
Rural Delivery Number:			
Suburb:			
Town:			
Postcode:			
		Primary Caregiver 1	Primary Caregiver 2
Name:			
Telephone numbers:	Home:		
	Work:		
	Mobile:		
Email Address:			

SECONDARY CAREGIVE	RS (if parents are s	eparated/divorced/remarried – this is the se	cond par	rent's contact details)		
Mr/Mrs/Ms/Miss	Family N	Family Name		First Name		
Relationship to Student	·					
Mr/Mrs/Ms/Miss	Family N	Family Name		First Name		
Relationship to Student	,					
ADD	RESS DETAILS:	PHYSICAL ADDRESS		POSTAL ADDRESS		
No. and Street name: (Include Emergency Services or Rapid No. for Rural Addresses.)						
Rural Delivery Number:						
Suburb:						
Town:						
Postcode:						
	Home:					
Telephone numbers:	Work:					
	Mobile:					
	Email Address:					
HEALTH INFORMATION						
Please advise if the student has, or has had, any medical or mental health issues. Failure to disclose this information at any time						
could result in any offer being withdrawn:						
Payment for this application for boarding will be made as follows:						
Please tick as appropriate:						
\$30 for a family resident in New Zealand						
\$200 for a family resident overseas with New Zealand residency						
Please tick your preferred method of payment: Credit card (give details below)						
Internet banking (details below) – date payment made:						
ELECTRONIC DANIGN	C DETAIL C	CDEDIT CAD	D DET	TALLC		

ELECTRONIC BANKING DETAILS:

Name of Bank: ASB Bank, Nelson

Account Name: Nelson College for Girls

Account No: **12-3193-0024036-00**

Reference: Student's name, boarding

CREDIT CARD DETAILS:

Visa / Mastercard (please circle one)

Card No: ____/___/___/

Name on card:_____

Expiry Date: _ _ / _ _

For the purposes of the Privacy Act 1993, I hereby acknowledge:

Please email this completed form to: boarding@ncg.school.nz

- 1 The information set out in this form has been provided voluntarily.
- 2 I/We had a choice as to whether to complete all parts of the form or not.
- The information is being collected by the Board of Trustees of Nelson College for Girls for the purpose of providing a database of information relating to the future education, guidance, monitoring and reporting of the student's progress and pastoral care.
- 4 The information collected may be used for a variety of statistical and research purposes, while ensuring that no individual can be identified.
- 5 The information collected may be conveyed to the Old Girls' Association.
- Nelson College for Girls is required to provide some personal information (ie name, current address, date of birth, gender, ethnicity or academic details) to specified agencies. These include other educational institutions and government agencies.
- 7 Photographs and videos taken of the student may be used in Nelson College for Girls publications and websites.
- 8 Parents may be contacted by the College electronically using the information provided.

Signed	Parent/Caregiver			
PLEASE PRINT YOUR NAME HERE	Parent/Caregiver			
Please enclose with your application the following:				
confirmation of fee paid or to be charged				
a copy of the student's latest school report				
a character reference from someone who has known the student for a wh	a character reference from someone who has known the student for a while (not a family member or teacher)			
proof of residency – certified copy of birth certificate, citizenship certifica	proof of residency – certified copy of birth certificate, citizenship certificate or passport			
school enrolment form / or completed online				