NELSON COLLEGE FOR GIRLS

Te Kura Tamawāhine o Whakatū

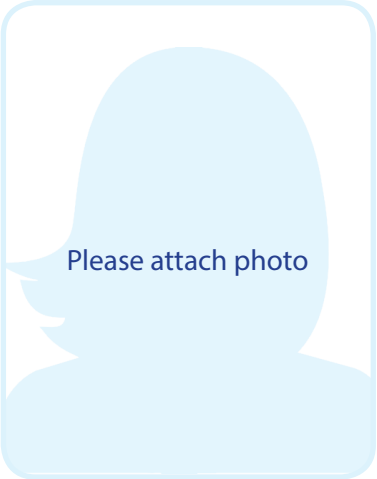
CLARICE JOHNSTONE HOUSE

Name: _____

Application for **Short Term Boarding** at CJ House

Phone: +64 3 548 1332 | Fax: 03 548 1336 | Email: bec.mcewan@ncg.school.nz
www.ncg.school.nz | PO Box 842, Nelson, 7040, New Zealand

PIETAS PROBITAS ET SAPIENTIA



PLEASE PRINT CLEARLY WHEN COMPLETING THIS FORM

STUDENT DETAILS	
Legal Family Name:	
Legal First Name(s):	
Preferred First Name(s):	
Date of Birth:	
Siblings at NCG:	
Arrival date at CJ:	Departure date from CJ:

PRIMARY CAREGIVERS (Main contact/s i.e., who your daughter lives with the majority of the time)		
Mr/Mrs/Ms/Miss	Family Name	First Name
Relationship to Student		
Mr/Mrs/Ms/Miss	Family Name	First Name
Relationship to Student		

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:			

EMERGENCY CONTACT (in NZ if parents overseas)		
Mr/Mrs/Ms/Miss	Family Name	First Name
Relationship to Student		
Mr/Mrs/Ms/Miss	Family Name	First Name
Relationship to Student		

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:			
Telephone numbers:	Home:		
	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 Failure to disclose this information at any time could result in any offer being withdrawn: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 short term boarding will be made as follows:

Please tick as appropriate:

☐ $30 application fee

Please tick your preferred method of payment:

☐ Cheque enclosed made payable to Nelson College for Girls

☐ Credit card (give details below)

☐ Internet banking (details below) – date payment made: _____

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:

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.**

3 **The information is being collected by the Board of Trustees of Nelson College for Girls Boarding 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.**

6 **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 Boarding 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:

☐ $30 application fee

Please return this completed form to:

Clarice Johnstone House
Nelson College for Girls
P O Box 842, Nelson, 7040

Email: bec.mcewan@ncg.school.nz