



John McGlashan College

APPLICATION FOR ENROLMENT

John McGlashan College combines a century of educational excellence, with modern facilities and teaching. John McGlashan, one of Dunedin's early settlers, was a man of firm Christian beliefs. The college is founded on his values of "a sound and liberal education". The attributes of honesty, simplicity, respect and concern for others, sit alongside intellectual excellence, aesthetic awareness and a healthy mind and body. McGlashan's vision? That each boy grows to be a well-educated man of character, who uses his influence for the good of others.



THE CENTRE OF EXCELLENCE
FOR AGRICULTURAL SCIENCE
AND BUSINESS[®]



2 Pilkington Street, Maori Hill, Dunedin 9010, New Zealand

Tel: +64 3 467 6620 Fax: +64 3 467 6622 Email: admin@mcglashan.school.nz Web: mcglashan.school.nz

1 Student

Family name: First names:

Preferred name: Date of birth:

Current school year: Religious affiliation:

Student's current school:

This application is for enrolment:

In (year): in (year level): as Dayboy: Boarder:

Student's address while attending John McGlashan College

Street address:

City/town: Phone:

Student lives with:

Both parents: Mother: Father: Caregiver: None of these:

"Caregiver" is a term used by the Ministry of Education to describe the person(s) taking care of the student. This may include a stepmother, stepfather, partner, relative, homestay or legal guardian - whoever has day to day responsibility for the student.

2 Mother

Mrs/Ms Initials: Family name: First name:

Street address:

City/town: Postcode:

Phone (home): (work): (mobile):

Email:

Occupation: Place of work:

3 Father

Mr Initials: Family name: First name:

Street address:

City/town: Postcode:

Phone (home): (work): (mobile):

Email:

Occupation: Place of work:

4 Caregiver

Mr/Mrs/Ms Initials: Family name: First name:

Street address:

City/town: Postcode:

Phone (home): (work): (mobile):

Email:

Occupation: Place of work:

Your relationship to student:

(eg stepmother, stepfather, relative, homestay, legal guardian)

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Emergency contact (other than 2, 3 or 4)

Mrs/Ms/Mr:

Phone (home): (work): (mobile):

Relationship to student:

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Other student details

Ethnic group(s): (tick as many as relevant)

- European New Zealand
- New Zealand Chinese
- Pacific Island (please specify)
- Other (please specify)
- New Zealand Māori (state iwi)
- Asian (please specify)

Country of birth: Country of citizenship:

First language: English Other (please state)

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Health

Please explain any medical condition/disability of which the school should be aware:

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Doctor's name: Phone:

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Other student details

Invoices / accounts are to be sent to:

Email:

Reports / newsletters are to be sent to:

- Both parents jointly
- Father
- Mother
- Other (please give details)

Are there custodial arrangements we need to know about? (eg with regard to legal access rights)

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School affiliation

House affiliation:

- Balmacewen
- Burns
- Ross
- Gilray

Names of brother(s) or father who have attended or is/are attending the college:

Name: Years of attendance:

Name: Years of attendance:

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Anything else of interest to the college

Other comments: (eg interests and achievements, parents' concerns, special needs etc)

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Attach additional sheet if necessary

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Please attach copies of your son's latest school report & birth certificate to this form

For students NOT born in New Zealand, please attach a copy of the student's Passport showing their residency status and a Student Permit. Other types of acceptable documentation could include a Birth Certificate, a Certificate of Naturalisation, or Immigration Service documentation of Refugee Status.

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Checklist

- | | |
|---|--|
| <input type="checkbox"/> ALL details on pages 2-4 completed | <input type="checkbox"/> Recent school report attached |
| <input type="checkbox"/> Copy of Birth Certificate OR Passport attached | <input type="checkbox"/> Signed by all parties (below) |

Parents and students

1. We agree to comply with the rules and procedures of the John McGlashan College.
2. I/We give permission for the information contained on this form to be used:
 - for School and Health purposes;
 - by the Board of Proprietors or the Parent and Friends Association;
 - to provide information to a school this student may attend in the future.
3. I/We understand that this information will be stored at John McGlashan College and will not be held for longer than required.
4. I/We agree that we have been advised that John McGlashan College operates on the basis of an annual voluntary contribution and we wish to be part of that voluntary giving and confirm that we wish to pay the annual voluntary contribution monthly.
5. I/We agree also to pay all attendance dues and other fees by the due date detailed on any invoices.
6. I/We confirm that we understand that one term's notice in writing is required for the withdrawal of our son from the School and/or Boarding House and if we withdraw our son at any point without one full term's written notice then we agree to pay one term's boarding fees in lieu of that notice.
7. I/We confirm that we are aware that John McGlashan College is a charitable organisation and if at any point I/we do not pay any invoices in relation to our son then those costs fall back on all other parents of boys at John McGlashan College.
8. I/We give the college and its employees, representatives and authorised media organisation permission to print, photograph and record my son during official school activities for use in audio, video, film or any other electronic, digital and printed media for purposes associated with the College.

Mother's signature:

Father's signature:

Caregiver's signature:

Student's signature: Date: