

STUDENT APPLICATION FORM

To be completed by the student's legal caregiver.

SECTION 1: Personal Details

Student's Family Name (surname): _____

First Name(s): _____

Date of Birth: _____ Day _____ Month _____ Year Gender: Male Female

Name of Mother: _____

Name of Father: _____

Parental Status: Married Divorced/Separated Single

Primary Caregiver Details

Name: _____

Relationship to Student: _____ Occupation: _____

Home Address: _____

Postal Address: _____

Home Phone: _____ Work Phone: _____

Mobile: _____ Fax: _____

Email: _____

Secondary Caregiver Details (e.g. non-custodial parent)

Name: _____

Relationship to Student: _____ Occupation: _____

Home Address: _____

Postal Address: _____

Home Phone: _____ Work Phone: _____

Mobile: _____ Fax: _____

Email: _____

Denomination (Religion): _____

Church of membership: _____

Dedicated / Baptised / Christened / Confirmed **(Circle one)**

Church of membership address & phone number: _____

Ethnicity/Nationality: _____ Citizenship: _____

Proportion of Māori Descent (statistical use): _____% Iwi: _____

Is English your first language? Yes No

If 'No', please indicate here the experience you have had with the English language _____

If student not born in NZ, please state date first arrived here: _____

Has the applicant previously been a student at Longburn Adventist College? Yes No

If so, state year(s) attended and reason for leaving _____

Names of other family members currently attending LAC: _____

Names of family members who have previously attended LAC: _____

How were you referred to LAC? Website Local PN Church SDA Church

Parent / Student (Name of referer) _____

Other: _____

SECTION 2: Health Details

Please provide details of any health concerns:

Please provide details of any special education needs:

SECTION 3: Academic Details

This enrolment application is for the student to commence at LAC in the year 20_____

If commencement is not to be at the beginning of the school year, state alternative date: _____

Year level for which you are enrolling: 7 8 9 10 11 12 13

Day Student 5 Day Boarder 7 Day Boarder

Current School (please write in full): _____

Current School telephone number: _____ Current Year Level: _____

SECTION 4: Financial Arrangements

Name of person responsible for the payment of school fees: _____

Relationship to student: _____

Postal Address: _____

Guarantee: I, the person/organisational officer responsible for payment of school fees and attendance dues, undertake to pay all amounts on or before the due dates.

Signed: _____ Date: _____

SECTION 5: Personal Declaration

By presenting this signed application for admission to Longburn Adventist College, we recognise our responsibility to abide by the ideals and regulations of the College and to co-operate in all aspects of the College programme.

Signed (student) _____

(Print student name) _____ Date: _____

Signed (caregiver): _____

(Print caregiver name) _____ Date: _____