



WELLINGTON
SEVENTH-DAY ADVENTIST SCHOOL
ENROLMENT INFORMATION FORM

STUDENT INFORMATION

Family Name		Boy / Girl
First Names		Birth Date / /
Preferred Name		Previous Class
Address		Previous School/ Child Care Centre <div style="border: 1px solid black; padding: 5px; width: fit-content;">Please supply a copy of last school or child care report <input type="checkbox"/></div>
	Phone	
	Mobile Phone	

PARENT AND CONTACT INFORMATION

Father/Guardian		E-mail address
Occupation		
Employer		Contact Phone
Religion SDA <input type="checkbox"/> Other <input type="checkbox"/>	Church Attending	
Mother/ Guardian		E-mail address
Occupation		
Employer		Contact Phone
Religion SDA <input type="checkbox"/> Other <input type="checkbox"/>	Church Attending	
Names of siblings who may be attending school in the future		
First Name	Date of birth	
First Name	Date of birth	

STATISTICAL INFORMATION

Ethnic Background	Home Language	Iwi Affiliation of Maori Students
Citizenship – Passport must be sighted	Number of Children in Family	Place in Family
New Entrant Information Immunisation Card info must be provided	Birth Certificate / / Must be sighted	Vaccination Card Yes/ No

GENERAL INFORMATION

Student Special Needs or Abilities (e.g. dyslexia, autism, gifted assessment)		
Student Interests		
Transport	To School	From School



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CONDITIONS OF ENROLMENT

STATEMENT OF APPLICATION FOR ENROLMENT
ON BEHALF OF

Student Name

CONDITIONS

I / We the undersigned accept as conditions of enrolment that:

1. The student/s named herein will participate in the general school programme and demonstrate commitment to appropriate behaviour and study that gives Wellington Seventh-day Adventist School its Special Character.
2. As a condition of attendance at Wellington Seventh-day Adventist School, I / We will pay Attendance Dues as determined from time to time by the Proprietor and approved by the Minister of Education.

Signed

Parent/Guardian

Date / /

Signed

Parent/Guardian

Date / /

Office Use Only

FEE PAYMENT ARRANGEMENTS

Pay in Cash at Commencement of Term

Pay by Automatic Payment
Payment plan must be completed and attached along with
Commitment to Pay form.

Weekly / Fortnightly / Monthly

Account Name

Amount \$