

Application for admission to HADLOW PRESCHOOL



HADLOW

Please attach copies of:

- Birth Certificate
- New Zealand Passport (detailing residency status)
- Immunisation Record

I/we hereby apply to have my/our son/daughter admitted to Hadlow Preschool.

Surname of Pupil _____ Christian Name(s) _____ Date of Birth _____	Entry age is from 3 and a half years. Age of child at desired entry _____ Date of entry at this stage _____
Ethnicity (e.g., NZ European / Maori / Asian / Pacific Islander / Other) please specify _____ Religious Denomination (e.g., Anglican, Presbyterian, Methodist) please specify _____	Iwi Affiliation _____

If either parent is an old pupil, or any sibling of the applicant Pupil is a present or old pupil of any of the Trinity Schools, please detail below (giving maiden name if applicable).

Will the pupil continue on at Hadlow?
 Yes No Undecided

Name _____	School _____	Years _____
Name _____	School _____	Years _____
Name _____	School _____	Years _____

Parents / Guardian details

Father (Guardian) (name) _____ Address _____ Tel: _____ Email: _____ Occupation _____	Mother (Guardian) (name) _____ Address _____ Tel: _____ Email: _____ Occupation _____
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Fees

I/we undertake to pay the fees within 21 days of their being rendered and agree to pay interest at current commercial rates on overdue accounts. The fees per session will be charged at the end of each month and will be in line with the number of sessions for which your child is enrolled, not the number of sessions attended.

IMPORTANT
 This application is to be signed by both parents or caregivers.

Signature _____
Signature _____
Date _____

OFFICE USE ONLY

Date received _____
<i>Offer of place advised</i> Date _____
Staff _____
<i>Acceptance of place received</i> Date _____

SEPARATE ENROLMENT FORM MUST BE COMPLETED FOR ENTRY INTO HADLOW SCHOOL