



Telephone: (04) 562 8030
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LOWER HUTT 5047
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APPLICATION FOR ADMISSION

STUDENT INFORMATION

Surname _____ First Name _____

Middle Name(s) _____ Known as _____

Date of Birth _____ Religious denomination _____

Nationality _____ Ethnicity _____ Iwi (if applicable) _____

Current School or Preschool attending _____

Proposed Year Level entering Wellesley _____ Proposed Year of Entry 20 _____

PARENTS/GUARDIANS INFORMATION

Father/Stepfather/Guardian (please circle)

Surname _____ First Name _____ Known as _____ Title _____

Postal Address _____ Residential Address _____

_____ Postcode _____

Home Ph Number _____ Mobile Ph Number _____ Business Ph _____

Email Address _____

Occupation _____ Place of Employment _____

Mother/Stepmother/Guardian (Please circle)

Surname _____ First Name _____ Known as _____ Title _____

Postal Address _____ Residential Address _____

_____ Postcode _____

Home Ph Number _____ Mobile Ph Number _____ Business Ph _____

Email Address _____

Occupation _____ Place of Employment _____

ALTERNATE CONTACTS (we may use this information should the contact information supplied become out of date)

Contact Name _____ Relationship _____

Contact Ph numbers _____

APPLICANT'S FAMILY ASSOCIATION WITH WELLESLEY COLLEGE

Names of brother(s) currently at Wellesley _____

Names of brother(s) previously at Wellesley (and dates attended) _____

Other Sibling(s) Name, date of birth and school or pre school attending _____

Is the applicants father an old boy? **Yes/No**, if yes please give the dates he started _____

Are any of his Grandfather(s) an Old Boy? **Yes/No**, if yes please give name(s), relationship and date(s) of attendance _____

Are any other relatives Old Boys? Yes/No, if yes please give name(s), relationship and date(s) of attendance _____

MEDICAL INFORMATION

Please supply information about the applicant's medical history, vaccinations, serious illness or conditions, including disabilities

SPECIAL LEARNING REQUIREMENTS

Please supply details about any special learning requirements the applicant has which the school should be aware of (academic, physical or social)

Privacy Act

The information on this form is held by Wellesley College to allow the College to carry out its functions as an education provider, including for use in connection with the application for admission, administration and promotion of the school and maintaining school records (of past, present and future students)

The information may be disclosed to education, health and other specified agencies pursuant to the privacy Act 1993.

I hereby apply to have my son admitted to Wellesley College

A non refundable application fee of **\$100.00** (GST inclusive) is payable upon application for admission. This is an application fee only and does not obligate Wellesley College to accept my son.

Internet Banking ANZ 060501 0826230 00 Please use your surname as a reference

I agree to notify Wellesley of any change in the information contained in this application form as soon is reasonable practicable.

Signed (Parent/Guardian) _____ Date _____

Full Name _____

Signed (Parent/Guardian) _____ Date _____

Full Name _____

- Please enclose with this application**
- A copy of my son's birth certificate
 - A copy of my son's most recent school report
 - The non-refundable Application Fee
 - Evidence of my son's NZ residency (where applicable)
 - A copy of Specialist Reports (where applicable)