



## APPLICATION FOR PUPIL PLACEMENT

STUDENT DETAILS		
Legal Surname:		
Legal First Names:		
Preferred Surname:		
Preferred First Names:		
Date Of Birth:     /     /	Boy / Girl (please delete one)	
PARENTS/CAREGIVERS DETAILS		
<b>Mother</b>		
Title:	First Name:	Surname:
Address:		
Post Code:		
Home Ph:	Work Ph:	Mobile:
Email:		
<b>Father:</b>		
Title:	First Name:	Surname:
Address:		
Post Code:		
Home Ph:	Work Ph:	Mobile:
Email:		
OTHER INFORMATION		
Present School (if applicable):		
Current Year Level:		
Present Early Childhood Centre (if applicable):		
Approximate preferred date to begin at St Michael's School:     /     /		
OR Term ____ and year_____		
I enclose a statement from our parish priest/minister as to Church involvement: Yes / No		
Present or previous involvement with St Michael's School or Parish:		

**SUPPORTING INFORMATION**

If you wish to include any other information in support of your application, please provide details below or attach a covering letter.

Please provide brief medical, psychological, educational circumstances of which the School should be aware, including the names of any support services with which your child has been enrolled.

Parent/Caregiver Signature:

Date: / /

Parent/Caregiver Signature:

Date: / /

**APPLICATION FEE (fee must be enclosed with this application and is non refundable)**

Domestic Students: \$100.00 incl. GST per child  
International Students: \$250.00 incl. GST per child

**Online Payments-** Account number: **031593-0012094-00** **St Michaels's Church School Board**  
Please use reference: pupilplace and your surname

Please post your application to: **St Michael's Church School, PO Box 4022, Christchurch 8140** or  
deliver to the school office: **249 Durham Street South, Christchurch**

This document may be emailed to: **office@saintmichaels.co.nz** or **bec.hitchcock@saintmichaels.co.nz**

**OFFICE USE ONLY**

Amount Paid \$

Date Paid:

Receipt No.:

Information provided on this form will be used for School purposes only