

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: / /

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Date: / /

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

Domestic Students: \$200.00 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: **registrar@saintmichaels.co.nz**

OFFICE USE ONLY

Amount Paid \$

Date Paid:

Receipt No.:

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