



APPLICATION FOR PUPIL PLACEMENT

CHILD'S DETAILS			
Legal Surname:			
Legal First Names:			
Preferred Surname:			
Preferred First Names:			
Date Of Birth: / /		Boy / Girl (please delete one)	
PARENTS/CAREGIVERS DETAILS			
Mother			
Title:	First Name:	Surname:	
Address:			
Post Code:			
Home Ph:	Work Ph:	Mobile:	
Email:			
Father:			
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: / /			
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. If related to ex-pupils, please give ex pupil's relationship to applicant, name(s) enrolled under and dates of attendance if known.			
HOUSE ALLOCATION			
If you would like your child to be in a specific House, please circle the house below and give reasons.			
Averill	Harper	Mathias	Perry

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 any 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

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.

OFFICE USE ONLY

Amount Paid \$

Date Paid: / /

Receipt No.:

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