

WANGANUI CITY COLLEGE

P O Box 4010 Phone: 64 6 349-0180 Fax: 64 6 349-0181
84 Ingestre St, Wanganui, New Zealand
Email: wcc.admin@wanganui-city.school.nz



Office Use	
Form _____	U _____
Group _____	V _____
	W _____
	X _____
	Y _____
E. No _____	Z _____

APPLICATION FOR ENTRY *to be completed by the Parent or Caregiver*

Year Level: 9 10 11 12 13 *Please circle one*

1) Pupil's Surname: _____

First Names: (circle preferred) _____

Address: _____

Phone: _____ (Contact Number) Email : _____

Previous Schools: _____ Year _____

_____ Year _____

_____ Year _____

Gender: _____ NSI Number: _____

DoB: _____ Doctor (also see over): _____

FIRST POINT OF CONTACT DETAILS. This number will be used to notify you of your children's absence. If this number changes please notify the school immediately

2) Mobile: _____ Email: _____

3) Full Name of First Parent or Caregiver: Mr Mrs Miss Ms _____

Relationship To Pupil: _____ Occupation: _____

Address: _____

Phone(H): _____ (W): _____ (FX): _____

Full Name of Second Parent or Caregiver: Mr Mrs Miss Ms _____

4) Relationship To Pupil: _____ Occupation: _____

Address: _____

Phone(H): _____ (W): _____ (FX): _____

Emergency Phone (other than above): _____

5) Name: _____ (Neighbour, Aunt, Grandparent, etc)

Name(s) and ages of other children in the family that are attending/have attended/will attend Wanganui

6) City College: _____

(Please tick appropriate box)

- 7) Born in New Zealand (Please bring in birth certificate)
- Born Overseas (Please state country): _____
- Passport details for those born overseas: (please bring a copy of passport/visa)
- Parents with work visa
- Student with PR status

Please turn over and complete other additional information

8) Pupil's Ethnic Group: _____

If Maori Please state Iwi(s): _____

(see attached list for corresponding MoE number)

9) Has the student been supported by any of the following agencies: CYF, CAFS, Living Without Violence Trust, Parent Support Services, Drug & Alcohol, Te Oranganui, RTLB, Strengthening Families, etc.

Name of Agency: _____ Year of
Contact: _____

Name of Agency: _____ Year of
Contact: _____

10) Please name any person who should have NO contact with the student:

Medical Information:

11) (Please inform us of any allergies, medication, etc, being taken. This remains confidential to the staff)

Medical

If Boarding, complete Name and Address of host: _____

12)

Phones (H): _____ (W): _____

Any Correspondence To Be Addressed To (if different from P1):

13)

14) Subject Interests: _____

15) Sporting Interests: _____

16) Please tick the box if you **DO NOT** wish your child's photograph to be used in the school newsletter, newspaper or other promotional material.

17) 1 Has this pupil been stood-down from a previous school? Yes / No

2 Has this pupil been suspended from a previous school? Yes / No

3 Has this pupil been excluded from a previous school? Yes / No

DECLARATION BY PARENT OR CAREGIVER

18) 1 Information provided in this form is correct.

2 _____ will faithfully observe all rules of the College.

I CERTIFY THAT EACH STATEMENT ABOVE IS TRUE AND CORRECT

SIGNED: _____ DATE: _____
(Mother/Father/Caregiver)