



ST PETER'S • CAMBRIDGE

## INTERNATIONAL APPLICATION FORM

Proposed Year of Entry:

Month:

Proposed Academic Year Level at Entry: ☐ Y7 ☐ Y8 ☐ Y9 ☐ Y10 ☐ Y11 ☐ Y12 ☐ Y13

☐ Male ☐ Female ☐ Day ☐ Boarder ☐ International Student

### STUDENT INFORMATION

Family Name		Religion	
First Names		Nationality	
Preferred Name		Language at Home	
Date of Birth		Country of Birth	
Present School		NZ Resident or citizen	<input type="checkbox"/> Yes <input type="checkbox"/> No
Present Year Level at school		Ethnic Group	

### FAMILY INFORMATION

When not at School the Student lives with:

☐ Both Parents ☐ Father only ☐ Mother only ☐ Guardian

### CONTACT ONE

Father / Stepfather (circle as appropriate)		Mother / Stepmother (circle as appropriate)	
Title		Title	
Surname		Surname	
First Names		First Names	
Preferred First Name		Preferred First Name	
<b>Home Address</b>		<b>Postal Address</b>	
		(if different to home address)	
Country		Country	
Home Phone		Fax	
Mobile Phone		Mobile Phone	
Personal E-Mail		Personal E-Mail	
Occupation		Occupation	
Business Name		Business Name	
Business E-Mail		Business E-Mail	
Preferred E-Mail	<input type="checkbox"/> Home <input type="checkbox"/> Work	Preferred E-Mail	<input type="checkbox"/> Home <input type="checkbox"/> Work

CONTACT TWO AGENT / GUARDIAN / OTHER CONTACT			
Agent / guardian / family friend / parent / step parent (circle as appropriate)			
Title		Company Name	
Surname		Business phone	
First Names		Business Fax	
Preferred First Name		Mobile Phone	
<b>Physical Address</b>		<b>Postal Address</b>	
Country		Country	
E-Mail			
CORRESPONDENCE			
Please indicate who should receive correspondence, including the offer, receipts and visa letter.			
<input type="checkbox"/> Contact one <input type="checkbox"/> Contact two			
SPECIAL INTERESTS			
Please indicate any special interests or abilities your child may have: eg cultural, musical, academic, sporting.			
HEALTH, LEARNING AND BEHAVIOUR			
Does your child have any special health, learning or behavioural needs?			
Places are offered by the school in good faith. The school <u>requires</u> disclosure on learning needs / difficulties and/or medical issues which can affect a child's learning.			

Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please attach

☐ A **PHOTOCOPY** of the student's latest **DETAILED** school report. If not in English, please provide a translation.

☐ A copy of the student's passport or birth certificate

**Please return to:**

The International Office  
St Peter's School  
Private Bag 884  
Cambridge  
New Zealand

Ph: +64 7 827 9899 Fax: +64 7 827 9736

Email: [international@stpeters.school.nz](mailto:international@stpeters.school.nz)

# APPLICANT QUESTIONNAIRE FOR INTERNATIONAL STUDENTS

To be completed by the student in their own handwriting

## STUDENT DETAILS

Family Name \_\_\_\_\_

Other Name(s) \_\_\_\_\_

Preferred First Name \_\_\_\_\_

Date of Birth \_\_\_\_\_

Country of Origin \_\_\_\_\_

First Language \_\_\_\_\_

## PERSONAL DETAILS - CONFIDENTIAL

### 1. Why do you want to come to St Peter's School?

---

---

---

---

---

---

### 2. What are you good at (include classroom, sporting, music, hobbies etc)?

---

---

---

---

---

### 3. What are the things you need to improve upon at school?

---

---

---

### 4. What subjects do you wish to study at St Peter's School?

---

---

---

---

---

---

---

---

*To be completed by the student in their own handwriting.*

[illegible]

Date: \_\_\_\_\_