



St Peter's
Cambridge
NEW ZEALAND

ADVANCED APPLICATION FORM

Admissions for 2024 and beyond

STUDENT INFORMATION

| | | | |
|--|--|---|--|
| Surname | | Country of Birth | |
| First Names | | Nationality | |
| Preferred Name | | Language at Home | |
| Date of Birth | | Religion | |
| Present School | | NZ Citizen | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Present Year Level | | NZ Residency | Yes <input type="checkbox"/> No <input type="checkbox"/> (non NZ Citizens) |
| Ethnic Group | | Iwi (if known) | |
| Proposed Year of Entry: 20 | | Male <input type="checkbox"/> Female <input type="checkbox"/> | Day <input type="checkbox"/> Boarder <input type="checkbox"/> |
| Proposed Academic Year Level at Entry: Y7 <input type="checkbox"/> Y8 <input type="checkbox"/> Y9 <input type="checkbox"/> Y10 <input type="checkbox"/> Y11 <input type="checkbox"/> Y12 <input type="checkbox"/> Y13 <input type="checkbox"/> | | | |

CUSTODIAL INFORMATION

| | |
|--|--|
| Please specify who has custody of the student: | Both Parents <input type="checkbox"/> Father only <input type="checkbox"/> Mother only <input type="checkbox"/> Other <input type="checkbox"/> (specify name & relationship) |
|--|--|

PRIMARY CAREGIVER/S

| Primary Caregiver's Details | | Spouse / Partner's Details | |
|-----------------------------|--|----------------------------|--|
| Relationship to student | | Relationship to student | |
| Title | | Title | |
| Surname | | Surname | |
| First Names | | First Names | |
| Preferred First Name | | Preferred First Name | |
| Home Address | | Postal Address | |
| Suburb | | Suburb | |
| Town / City | | Town / City | |
| Postcode | | Postcode | |
| Country | | Country | |
| Mobile Phone | | Mobile Phone | |
| E-mail | | E-mail | |
| Occupation | | Occupation | |
| Business Name | | Business Name | |

ST PETER'S AFFILIATIONS

| Affiliations with the School (e.g. Siblings / Parent / Relative is a current / former student or staff member) | | |
|--|---------------------------|---------------------------------------|
| Name | Relationship to applicant | Affiliation (Student or staff member) |
| | | |
| Siblings who may attend St Peter's in the future | | |
| Name | Current School | Current Year Level |
| | | |

I/we declare that the information provided in this application is true and correct.

Name: _____ Signature: _____ Date: _____

Name: _____ Signature: _____ Date: _____

Please return to: Admissions Office, St Peter's, Cambridge
enrolment@stpeters.school.nz, Ph: 07 823 3684