



St Peter's
Cambridge
NEW ZEALAND

ADVANCED APPLICATION FORM

Admissions for 2025 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)
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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: _____