



WILLIAM COLENZO COLLEGE

YEAR 7 & 8 ENROLMENT APPLICATION FORM (2020)

1. I/we wish to apply for our daughter/son to be enrolled in Year 7 / 8 (circle one) in 2020:

2. Student's Surname: _____ First Name(s): _____

3. Present School: _____ Male / Female

4. Date of Birth: ____/____/____ Country of Birth: _____

5. Full name of parent(s) or legal guardian(s) where the student is actually living.

Father: _____

Mother: _____

Legal Guardian: _____

Does the student have shared custody: Yes / No

6. Residential address where the student actually lives: _____

_____ Town: _____

7. Email Address (not compulsory): _____

8. Contact Phone Numbers: Day: _____ Evening: _____

Mobile/s: _____

9. Does the student (named above in Q2) have brother/s or sister/s attending the College. YES NO

If 'YES' please give the brother/s or sister/s full name: _____

10. Please also attach a copy of your child's birth certificate or passport.

Signed: (Father): _____ (Mother): _____

(Legal Guardian): _____ Date: ____/____/2019

We will make contact with you for an enrolment interview Term 4, 2019.

William Colenso College • Arnold Street • Napier • Ph 831 0180 • Fax 833 6759

Website: www.colenso.school.nz Email: postmaster@colenso.school.nz

OPEN EVENINGS: THURS 8TH & WED 28TH AUGUST: 6.30PM