



Passport style photo of applicant (please affix here)

Circle Appropriate Year, Term and Year Level for Entry

Year: 2011/ 2012/2013/2014

Term: Term 1 / Term 2 / Term 3 / Term 4

Year level: Yr 1 , Yr 2 , Yr 3 , Yr 4 , Yr 5 , Yr 6 , Yr 7 , Yr 8



# student details

Surname \_\_\_\_\_

Given Names \_\_\_\_\_

Gender **Boy / Girl** Date of Birth \_\_\_\_\_

Nationality \_\_\_\_\_

Place of Birth \_\_\_\_\_ Language at Home \_\_\_\_\_

NZ Residency **Yes / No** Religion \_\_\_\_\_

Present School / Pre School \_\_\_\_\_ Schools previously attended \_\_\_\_\_

**Ethnic Origin (tick up to 3 groups)**

- Other European
- Tongan
- Fijian
- South East Asian
- Other Asian
- NZ Maori (please see Iwi section below)
- Africa
- Samoan
- Niuean
- Other Pacific Island
- Chinese
- Middle Eastern
- Other
- NZ European
- Cook Island Maori
- Tokelauan
- Asian
- Indian
- Latin American / Hispanic
- Not Stated

Iwi: If your child is of New Zealand Maori descent please enter the name(s) of his/her iwi. You may enter more than one iwi. If you do not know the Iwi, please enter 'Don't Know':

If any relative of your child attends or attended Ficino School, please provide his/her name, relationship, years attended and School House affiliation.

Does your child require any additional educational support to meet his/her individual needs? (Please circle)

**YES NO**

If YES, please specify(please use extra sheets if required)

Does your child have any specific health issues the school should be made aware of? (Please circle)

**YES NO**

If YES, please specify (use extra sheets if required)

# family information

*Circle as appropriate*

Father	Stepfather	Guardian
Title	_____	_____
Surname	_____	_____
Given Names (Underline name used)	_____	_____
Religion	_____	_____
Home Address	_____	_____
	_____	_____
Post Code ( <b>Home</b> )	_____	_____
Postal Address	_____	_____
	_____	_____
Post Code ( <b>Postal</b> )	_____	_____
Ph Home	(    )	_____
Ph Mobile	(    )	_____
Email	_____	_____
Occupation	_____	_____
Business Postal Address	_____	_____
	_____	_____
Ph Business	(    )	_____

*Circle as appropriate*

Mother	Stepmother	Guardian
Title	_____	_____
Surname	_____	_____
Given Names (Underline name used)	_____	_____
Religion	_____	_____
Home Address	_____	_____
	_____	_____
Post Code ( <b>Home</b> )	_____	_____
Postal Address	_____	_____
	_____	_____
Post Code ( <b>Postal</b> )	_____	_____
Ph Home	(    )	_____
Ph Mobile	(    )	_____
Email	_____	_____
Occupation	_____	_____
Business Postal Address	_____	_____
	_____	_____
Ph Business	(    )	_____

Child lives with:			
<b>Both Parents</b>	<b>Father</b>	<b>Mother</b>	<b>Other(Name and relationship)</b> _____
<i>Please circle as appropriate</i>			

Emergency Contact Details

Name	Phone
1. _____	_____
2. _____	_____

Health (attach a separate sheet if more space required)		Immunisation Certificate
Allergies:	Sight:	Sighted:    YES    NO    REQUESTED
Medication:	Speech:	Completed: YES    NO
Serious Problems:	Hearing:	Details on Register:

# fees

## Payment of Fees

Fees are payable in full by the first day of each term but in the case of new students, are payable two weeks before the term starts. Please see the accompanying current year's fees sheet for other payment options. Where fees become overdue, the Trust Board reserves the right to charge 1.5% penalty interest per month. Non-payment within a time specified by the Trust Board may result in the parents being requested to withdraw the student. The School reserves the right to exclude students where fees remain unpaid without the agreement of the Board.

## Notice of Withdrawal from the School

One term's notice in writing to the Principal is required prior to withdrawal of students.

## Application Fee

A fee of \$50 (inc GST) is payable with this application.

## Bond

Upon acceptance of a student, parents are required to pay a refundable acceptance bond. Please see the accompanying current year's fees sheet for details. This will be refunded in the term after your child leaves Ficino School, less any payments owing. If you withdraw your child without giving the required one terms notice in writing to the Principal, this bond will be forfeited

# person(s) responsible for payment for fees

Please nominate here the person responsible for payment of fees.

Full Name	_____	Ph Day ( )	_____
Postal Address	_____ _____ _____	Ph Evening ( )	_____
		Mobile	_____
Post Code	_____	Email	_____

I / we accept responsibility for payment of fees (to be signed by the person nominated as being responsible for the payment of all fees)

Signed \_\_\_\_\_

Relationship to Student \_\_\_\_\_

Date \_\_\_\_\_

# privacy act

1. The information contained in this application is being collected for the purpose of assessing our child's admission to Ficino School ("the School").  
If this application is successful, it will be held for the administration and maintenance of records of past, present and future students, including their parents and guardians, by the School and its various Associated Bodies viz; Friends of Ficino, the Ficino Development Committee and the Ficino Educational Foundation.
2. The School is authorised to disclose the information in this application to the Associated Bodies.
3. Any Associated Body holding the information in this application may use that information for the purposes of any activities, which that body is accustomed to undertake from time to time.
4. We are aware of our rights of access to and correction of information under the Privacy Act 1993.
5. Any information disclosed to the School may be provided to educational authorities under section 7 (4) of the Privacy Act 1993.

# declaration by parents / guardians

I / We have read and completed this Application in full and agree to abide by the conditions as outlined under "Fees" in this application as a condition of the acceptance. We agree that our child will be subject to the rules, policy and discipline of the School. As parents / guardians we will support the School in administering of its Rules and will conform with the obligations incumbent on parents / guardians. We acknowledge that the school accepts no responsibility for payment of fees and accept that non-payment on our part will result in the student being required to be withdrawn from the School

Please ensure that this Application Form is accompanied by:

- Application Fee (non-refundable) of NZ \$50 (inc GST) payable to ***Ficino School***.
- Passport style photograph (affixed to application form).
- Photocopy of the most recent School Report - if applicable.
- Birth Certificate or a verified copy.
- Certificate of Residency for students that were not born in New Zealand.

\_\_\_\_\_  
Father / Stepfather / Guardian Signature

\_\_\_\_\_  
Mother / Stepmother / Guardian Signature

\_\_\_\_\_  
Date

Please post your application to:

Ficino School  
PO Box 8970  
Symonds Street  
Auckland 1150

For any enquiries please ph 64 9 623 3385 or e/m [office@ficino.school.nz](mailto:office@ficino.school.nz)