



St. Bernard's College

To Stand on Life-Giving Ground

The Coordinator of International Education
St Bernard's College
183 Waterloo Road
Lower Hutt 5010
Wellington
NEW ZEALAND

Telephone No: 00 64 4 560-9250
Fax No: 00 64 4 560-9251

Dear Sir,

I would like to study in New Zealand from the date of _____, and would be grateful if you could make a place for me at your school at Year Level / Form _____

(Note: The school reserves the right to place students at the level where their educational experience/English is appropriate).

Name _____
(Family Name) (Personal Names)

Parents' Name: _____

Address: _____

Telephone No: Day: _____ Night: _____ Fax: _____

Date of Birth: _____ Place of Birth: _____

Religion: _____ Nationality: _____

Present school and class: _____

Previous schools attended: _____

First Language: _____

Number of years studying English: _____

Examination results (attach certificates for any public English tests attempted and all public and school examinations taken in the two previous years).

Subjects being studied this year (indicate which subjects are taught in English):

I would like to study the following subjects at your school:

When I leave school I intend to study further for (state the qualifications aimed at, e.g. Bachelor of Arts):

Medical Information:

Have you arranged Medical Insurance for your stay in New Zealand?

(This is compulsory)

Yes

No

If there are any health problems, disabilities or illnesses the school should know about please list them below (e.g. allergies, deafness, medication).

I attach a testimonial from the Principal of my present school (to include comments on general ability, competence in English and ability to adjust to a new environment).

(Application's Signature)

(Date)