

(Application's Signature)

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 between the dates 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: Night: Fax: Telephone No: Day:_____ Date of Birth: _____ Place of Birth: ___ Religion:___ _____ Nationality: _____ Present school and class: First Language:____ Number of years studying English: **Medical Information:** Have you arranged Medical Insurance for your stay in New Zealand? (This is compulsory) Yes If there are any health problems, disabilities or illnesses the school should know about please list them below (e.g. allergies, deafness, medication)

(Date)