



Southland Boys' High School

Te Kura Tuarua o ngā Taitama ki Murihiku

181 Herbert Street | PO Box 1543 | Invercargill | New Zealand

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Application for Boarding Coldstream Hostel

Section A: Application for Admission

Family Name			
First Name[s]			
Preferred Name			
Date of Birth	Age	Starting Year Level	

Full Time Boarder [Sunday – Sunday]		Weekdays Boarder [Monday – Friday]	
First Date of Attendance at Hostel		Date application of Enrolment for study made to Southland Boys' High School	

I/We undertake to conform to the rules as outlined in the Rules and Information Booklet. A Terms and Conditions contract must be completed before the starting date.

Caregiver Name:

Caregiver Signature:

I/We give permission for

[*boarder name*] to participate in any Hostel outings

Caregiver Name:

Caregiver Signature:

Please Note: A non-refundable deposit of \$500 incl GST is required upon receipt of acceptance of enrolment at Coldstream Hostel

Full name and address to which accounts should be forwarded			
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Father Name			
Address			
Home Phone	Mobile		
Email			

Mother Name			
Address			
Home Phone	Mobile		
Email			

Boarder Email	Boarder Mobile	
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Section B: Health Questionnaire

Name of Boarder	
General state of Health <i>[list medical conditions]</i>	

Has he suffered from any of the following infectious diseases? <i>[tick if yes / cross if no]</i>							
Mumps		Measles		Chicken Pox		Glandular Fever	
Other <i>[specify]</i>							

Has he had any operations? E.g. Appendicitis, tonsils removed etc <i>[specify details]</i>	

Does he suffer from <i>[tick if yes / cross if no]</i>							
Migraines		Serious Allergies		Hay Fever		Nose Bleeds	
Other <i>[specify]</i>							

Is there any family history of <i>[tick if yes / cross if no]</i>					
Asthma		TB		Diabetes	

Is he taking any pills or medication? If so, what are they for, and is he to continue their use for any length of time? <i>[Please list medication]</i>	

Has he been immunised for the following <i>[tick if yes / cross if no]</i>			
Meningitis		Date of immunisation	
Tetanus		Date of immunisation	

Any further medical issues / conditions / concern that should be noted [e.g. sleepwalking, bed wetting etc]	

Name and contact number of your family doctor	

Section C: Marketing Information

Where did you find out about boarding at Coldstream Hostel?	
Past / Current Boarders [please state]	
Advertising [Please state what]	
Comments	

Section D: Signatures

Signatures of Parents / Guardians Required		
Full name of Boarder [Student]		
Full Name of Mother / Legal Guardian		
Signature of Mother / Legal Guardian		Date
Full Name of Father/ Legal Guardian		
Signature of Father / Legal Guardian		Date