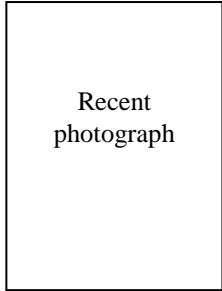




# WILLIAM COLENZO COLLEGE

Arnold Street, Napier, New Zealand  
Phone: ++64 6 833 6752 Fax: ++64 6 833 6759  
Cell: 027 221 2032  
Email: [int.dir@colenso.school.nz](mailto:int.dir@colenso.school.nz)



## INTERNATIONAL STUDENT APPLICATION

Family Name: ..... Given Names:..... M/F

Date of Birth: ..... Place of Birth: ..... Nationality:.....

Address: .....

.....

Phone: ..... Fax: ..... Email:.....

Name of Parent/Guardian: .....

Parents' contacts (If different from above): Phone:.....

Fax:..... Email: .....

Address: .....

My first language: ..... Other languages: .....

I hope to begin my studies at William Colenso College ...../.....(month/year)

I hope to study at William Colenso College for ..... months/terms/years.

After my studies at William Colenso College I hope to .....

I would like to study the following subjects at William Colenso College: .....

.....

Health problems/allergies, etc. ....

.....

For our records please indicate where you first heard about William Colenso College:  
agent magazine/newspaper website friend/relative other: .....

**Note:**

- *It is a condition of enrolment that the student has personal and medical insurance.*
- *Please attach to this application recent school reports and any other appropriate records and references.*