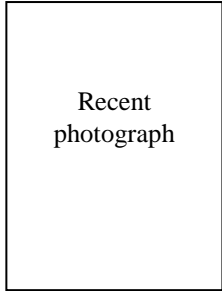




WILLIAM COLENZO COLLEGE

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



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.*