



Coldstream Hostel

Southland Boys' High School

Te Kura Tuarua o ngā Taitama Tāne ki Murihiku

11 Lees Street I PO Box 1543 I Invercargill I New Zealand

Phone: [03] 218 6013 I Email: sue.mills@sbhs.school.nz

APPLICATION FOR BOARDING COLDSTREAM HOSTEL

Section A: Application for Admission

Surname (Legal)			
First Name(s) (Legal)			
Preferred First Name			
Date of Birth	Age	Starting Year Level	

First Date of Attendance at Hostel	Date application of Enrolment for study made to Southland Boys' High School
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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

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 (list medical conditions)	

Has he suffered from any of the following infectious diseases? (tick if yes / cross if no)							
Mumps		Measles		Chicken Pox		Glandular Fever	
Other (specify)							

Has he had any operations? E.g. Appendicitis, tonsils removed etc (specify details)

Does he suffer from (tick if yes / cross if no)							
Migraines		Serious Allergies		Hay Fever		Nose Bleeds	
Other (specify)							

Is there any family history of (tick if yes / cross if no)					
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? (Please list medication)

Has he been immunised for the following (tick if yes / cross if no)			
Meningitis		Date of immunisation	
Tetanus		Date of immunisation	

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

Permission given for staff to administer Panadol/ibuprofen (circle one)	Yes	No	Student's immunisations are up to date [circle one]	Yes	No	If Yes please provide a copy of current immunisations
Permission given for staff to administer Antihistamine (circle one)	Yes	No	Name and contact number of your family doctor/clinic:			

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	