



Coldstream Hostel

Application For Admission as a Boarder

Student

Surname First Name(s)

Date of Birth

Parents or Guardians

Names:

Address:

.....

Telephone Email:.....

Proposed Entry

Year 20____ at level: Yr 7 Yr 8 Yr 9 Yr 10 Yr 11 Yr 12 Yr 13

Present level is Year: _____

Family or previous association with the school:

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We acknowledge that if our son is admitted, he as a student, and we as parents or guardians, will conform to the rules and regulations of the school and hostel.

Signature..... / /

Return form to: Coldstream Hostel
Southland Boys' High School
11 Lees Street, Invercargill
email coldstream@sbhs.school.nz

Mr Cameron Davis, Director of Boarding
Mrs Sue Mills, Matron
Mrs Julia Shannon, Deputy Principal
Mr Shaun Fitzgibbon, Coldstream House Dean

Please notify us if circumstances change and the boarding place is not required

Office Use Only:

Student: Accepted Declined

Signed: _____

Date: _____



Coldstream Hostel

Details of any sporting or cultural interests outside the school:

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Medical condition/s:

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Student is subject to (please tick):

- ADHD
- Allergies
- Asthma
- CCHS
- Depression

- Diabetic
- Epilepsy
- Eczema
- Hay Fever
- Head Injury

- Hearing
 - Heart Condition
 - Migraines
 - Nose Bleeds
 - Sleep Disorder
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