

SOUTH AUCKLAND SEVENTH-DAY ADVENTIST SCHOOL APPLICATION FORM



STUDENT INFORMATION	
Surname	First Names
Date of Birth	Gender
Ethnicity	Iwi (if Maori)
Pre-school Attended	
Last School Attended	Year Level
Health Problems (e.g. allergies, medication, asthma etc)	
Do you have any family/friends who attend this school? If so, please list.	
Learning and Behaviour Support (gifted and talented, dyslexia, autism, hearing/vision impaired etc) What learning and behaviour support has your child had or required? Who has provided the support?	
PARENT INFORMATION	
Father's Surname	Father's First Name
Mother's Surname	Mother's First Name
Address	Mother's Phone Number
	Father's Phone Number
Mother's Email	Father's Email
Father's Occupation	Employer
Mother's Occupation	Employer
Parent's Religion SDA Yes/No Church Attending	SDA Church Attending SDA Church Pastor
Guardian's Name (if different from above)	
Guardian's Address (if different from above)	Guardian's Phone Number
REQUIRED DOCUMENTATION	
<input type="checkbox"/>	Reference letter from your Religious Leader
<input type="checkbox"/>	Previous school reports and Portfolios OR Pre-school Learning Stories
<input type="checkbox"/>	Passport
<input type="checkbox"/>	NZ Birth Certificate
<input type="checkbox"/>	Interview with Principal (new families only)
All other applications can be returned by: Dropping it into the school office at 42a Puhinui Road, Papatoetoe. Phone: 09 2786055 Mail: South Auckland SDA School, PO Box 23598, Papatoetoe 2155 Email: office@sasda.school.nz	