

Application for Admission



TARANAKI
DIOCESAN
SCHOOL FOR GIRLS

www.taranakidio.school.nz

Date _____

I request that my daughter _____
(Surname) (First Names)

be considered for admission to Taranaki Dio as a:

Full Boarder / Weekly Boarder / Part Boarder / Day Girl (Circle one)

Date of Birth _____ Religious Denomination _____ Ethnicity _____

Proposed Year of Entry to Taranaki Dio: 20__ Year Level _____ Current School _____

Previous family/connections with Taranaki Dio (St Mary's Diocesan): _____

If family member is a Taranaki Dio (St Mary's) Old Girl, Maiden Name and Year attended _____

Mother or Caregiver's Name

Father or Caregiver's Name

Mrs/Ms _____

Mr _____

Address _____

Address _____

Home Phone _____

Home Phone _____

Cell Phone _____

Cell Phone _____

Email _____

Email _____

Occupation _____

Occupation _____

Employer _____

Employer _____

Student's home is with: (circle as appropriate)

Parents / Mother / Father / Other (Please detail) _____

I authorise Taranaki School to ask my daughter's previous school for any relevant school records.

(Signed) Mother/Caregiver (Signed) Father/Caregiver

How did you find out about Taranaki Dio? _____

Please forward this application form to the school. Upon receipt it will be acknowledged and you will be invited for an interview when it is the time to consider enrolments for the time/year you wish to start. If you have any queries please do not hesitate to contact us. We look forward to meeting you.