



Honour Before Honours
Ko te mana mō mua i te whakamana

FALLOON HOUSE

ŌTOROHANGA COLLEGE HOSTEL



FALLOON HOUSE
Home away from home
Kāinga rua

Hostel Boarding Director: Roy Willison
Email: willisonr@otocoll.school.nz

Postal Address: P O Box 115 ŌTOROHANGA

Hostel: 07 873 8029 ext 825
Cell Phone: 022 412 8495

HOSTEL ADMISSION INFORMATION

Family Name			
First Names			
Address			
Ethnicity	NZ European Māori Does the student have affiliation with any iwi? YES <input type="checkbox"/> NO <input type="checkbox"/>		
	If YES, please state iwi affiliation(s) or do not know. _____		
	Other (Please specify) _____		
Gender		Date of Birth	
Year Level	9 <input type="checkbox"/>	10 <input type="checkbox"/>	11 <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/>
Previous School			
Home Phone		Student Cell Phone	

CAREGIVER INFORMATION

Caregiver Name			
Relationship To Student			
Cell Phone		Email	
Employer/ Location		Work Phone	
Caregiver Name			
Relationship To Student			
Cell Phone		Email	
Employer/Location		Work Phone	

Name and address for invoices to be sent if different from student address above

Name			
Address			

HOSTEL FUNDING

Applied for	Government Boarding Allowance <input type="checkbox"/>
I will be paying by	Automatic Payments <input type="checkbox"/> OR One payment a term <input type="checkbox"/>

PARENT / GUARDIAN DECLARATION

- I agree to pay all fees and expenses incurred by due dates
- I agree to accept responsibility for my child's behaviour and will collect him / her if required for disciplinary action
- I have received and read the Hostel Handbook
- I have attached my child's Immunisation Certificate

Signed: _____
Parent / Guardian

Date: _____

Signed: _____
Parent / Guardian

Date: _____

STUDENT DECLARATION

- I have read the Student Handbook
- I will abide by the rules set down for the Hostel in the Hostel's Handbook

Signed: _____
Student

Date: _____

FALLOON HOUSE

Signed: _____
Boarding Director

Date: _____