



CHANGE OF SCHOOL APPLICATION FORM

Panels where * is displayed MUST be completed

***Student applicant details** (Parent/Guardian must complete for applicants who are under 18 years of age)

First Name: _____ Surname: _____

Gender: M / F Date of Birth: ____ / ____ / ____ Age: _____ Shareholder Number(if known): _____

(Only complete details below if this is your first application or your details have changed since your last application)

Residential Address: _____

_____ Post Code: _____

Mailing Address if different to above: _____

_____ Post Code: _____

Email: _____

Contact phone number: _____

If you are completing this form on behalf of an under-18 year old please complete the following:

Your name: _____

Your relationship to the applicant: _____

Your contact phone number: _____

CHARITABLE COMPANY LIMITED
(A subsidiary of Tauhara North No.2 Trust)



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***Pre-School or School Details:**

Name of Pre-school or School they are moving **from**: _____

Name of Pre-school or School they are moving **to**: _____

***Details of new pre-school/school:**

Address: _____

Post Code: _____

Phone: _____ Fax: _____

Email: _____

***Date the change will come into effect:** _____

*** Please tick the Education Level group your child will be in *after* their circumstances have changed**

- Pre-school
- New Entrant
- Years 1 to 10
- Years 11 to 13

***Declaration:** *(Parent/Guardian must complete for applicants who are under 18 years of age)*

I hereby certify that the information in this application is true and correct to the best of my knowledge and belief.

I agree that the funds supplied will be used for education purposes.

In signing this application I consent to CCL communicating with the education provider in relation to any aspect of this application.

Grant applicants full name (please print): _____

Signature: _____ Date: _____