

# GARDENS COLLEGE

## APPLICATION FORM

DETAILS	
Family Name:	
Given Names:	
Preferred Name:	
Date of Birth:	Gender:
Citizenship:	Ethnicity:
Home Address:	

Postal Address:	
PREFERENCES: Please circle one:	
Room Type: Basic / Ensuite / Ensuite + Kitchenette	
Car Park: Yes / No	Car Make:
Colour:	Registration Number:

CONTACT INFO
Home Ph:
Mobile Ph:
Email:
COURSE INFORMATION
Institution:
Intended Course:

REFEREE 1
Name:
Contact Details:
Relationship:
REFEREE 2
Name:
Contact Details:
Relationship:

PARENT/LEGAL GUARDIAN DETAILS
Name:
Occupation:
Company:
Address:
Home Phone:
Mobile Phone:
Email:

PARENT/LEGAL GUARDIAN DETAILS
Name:
Occupation:
Company:
Address:
Home Phone:
Mobile Phone:
Email:

Thank you for requesting an Application Form  
for Gardens College.  
Please fill out the form and return it to:



**Century 21 Property Management**  
PO Box 311  
DUNEDIN 9054  
Fax: 03 473 1741  
Email: [rentals@century21.co.nz](mailto:rentals@century21.co.nz)