

Tel: +64 7 855 2089 Fax: +64 7 855 9023 Email: office@southwell.school.nz Postal: PO Box 14015, Five Cross Roads Hamilton 3252, New Zealand Physical: 200 Peachgrove Road, Hamilton, New Zealand

Short Term Boarding Application 2026

Student Name	
Age	
Class	
Parent Contact Details	
Name	
Phone numbers	
Email	
Data ila afata n	
Details of stay:	T
Date/time of arrival	
Date/time of departure	
Reason for request	
Contact norsen during vous	, abanan
Contact person during your	absence:
Name	
Relationship to family	
Phone numbers	
Email	
Ch	
_	rding are \$500 per week Mon-Fri/Sat am and will be
charged to your school acco	
	ived by the office at least one week prior to the intended
stay. The bearding bouse staff w	vill be in contact to confirm dates and availability
The boarding house starr w	rill be in contact to confirm dates and availability.
	Signed
	<u> signed</u>
	Parent:
	Director of boarding: