



New Plymouth Girls' High School

First choice in educating young women

Teacher Code

Date Enrolled
.....

School Use:

ID No. _____

Tutor Group: _____

Options:

Date Started: _____

ENROLMENT FORM 2012

Legal Name (Surname) _____ (First Name/s) _____ Known as _____

Home Address _____

Telephone Number _____ Date of Birth _____ Age _____ yrs _____ months

Sister/s also attending _____

Circle if appropriate: Day Girl / Scotlands Boarder / Private Boarder / Exchange Student / Overseas Full Fee Paying
(See other caregiver)

Previous School and year level _____

Please complete all parts of this form in detail, including any special circumstances – write n/a if not applicable.

Mother's Name _____ Emergency contact 1st 2nd 3rd (circle)

Address As above or _____ Email _____

Telephone (Pvte) _____ (Work) _____ Cellphone Number _____

Occupation and workplace _____

Father's Name _____ Emergency contact 1st 2nd 3rd (circle)

Address As above or _____ Email _____

Telephone (Pvte) _____ (Work) _____ Cellphone Number _____

Occupation and workplace _____

Please state if either or both parents DO NOT have legal access _____

Other caregiver _____ Emergency contact 1st 2nd 3rd (circle)

Address As above or _____

Relationship _____ Email _____

Telephone (Pvte) _____ (Work) _____ Cellphone Number _____

Occupation and workplace _____

Other Emergency Contact: not above parents/guardians

_____ Telephone (daytime/cellphone) _____

Name/s that mail should be addressed to _____

School accounts paid by _____ (if different from parent/caregiver above)

Proof of identity documentation must be sighted and copied. Original documents only.

Ethnicity		If not NZ, number of years of schooling in NZ:	
NZ European		Do you speak English at home?	
NZ Maori		Other languages spoken at home	
Iwi		Passport Number	
Iwi		Expiry Date	
Other		Student Visa number	
		Date of Entry to New Zealand	

*Please note overleaf under Specific Learning Support Needs if ESOL support is required (for students for whom English is not the first language)

Specific Learning Support Needs _____

Medical (problems/treatments/medication) _____

Doctor _____ Phone _____

Dentist _____ Phone _____

Student Name _____

Privacy Policy: Information requested is essential for the school to provide appropriate programmes of learning and care for students. It will be entered on personal files which are retained by the school and therefore subject to the provisions of the Privacy Act and Schools Privacy Policy.

I give authority for school records of attainment to be passed to another school or educational institution when my daughter transfers and enrolls there.

I declare that my daughter will attend school regularly and abide by the uniform requirements, and the rules and procedures laid down by the school.

Signature of Parent or Guardian _____ **Date:** _____

I agree to attend regularly, wear the correct uniform and accept the school's discipline systems.

Signed _____
Student

Academic / Sporting / Cultural / Leadership

Past and Current Achievements

Future Goals

If you consider your daughter to be gifted please provide details

Requested House _____

Reason for Request _____

FOR DEANS USE ONLY: Special circumstances (eg Exchange Student, transfer from another High School, why? etc)

Other comments

Dean's Signature _____ **Date** _____