



Scotlands Hostel Application

I wish to apply for a place for my daughter at New Plymouth Girls' High School as a full time boarder to commence:

Term _____ 20..... Year Level _____

Student's Name in full _____ Date of Birth _____

Known as _____

Current School _____ Level _____

Parents Details:

Father/Guardian _____
Address _____ Post Code _____
Occupation _____
Telephone (Home) _____
Business _____
Mobile _____
Email _____

Mother/Guardian _____
Address _____ Post Code _____
Occupation _____
Telephone (Home) _____
Business _____
Mobile _____
Email _____

Emergency Contact (other than parent/guardian)

Name _____ Telephone _____ Mobile _____

Relationship _____ Email _____

Are you entitled to a Boarding Bursary? _____ (Check criteria and application forms www.minedu.govt.nz)

If 'Yes' state type of Bursary _____

Signatures of Parents/Guardians

Date of Application _____

For our information: How did you first hear about New Plymouth Girls' High School/Scotlands Hostel? (Please tick)

Relative already attending/attended Via the Website Via the Internet Newspaper advertisement

Other (Please state) _____



Scotlands Hostel Medical Statement

Student's Name in full

Date of Birth

Home Address

Health History (Parents please complete this section)

(Please circle)

- 1 Has your daughter had any major operations? Yes / No
- 2 Has your daughter been immunized against Tetanus? Yes / No Booster? Yes / No Date
- 3 Has your daughter any history of an eating disorder? Yes / No
- 4 Does your daughter have any allergies? Yes / No
- 5 Please give details of any medical problems, special treatments and/or medication that your daughter is currently taking

6 Does your daughter have any dietary requirements? _____

Name and address of your daughter's Doctor _____

Name and address of your daughter's Dentist _____

Please note that routine dental work must be carried out at home. In the case of an emergency your daughter will be taken to a New Plymouth dentist.

Parent(s) Signature _____ Date _____

Scotlands Hostel Boarding Contract

Student Name _____

PARTIES

- 1 New Plymouth Girls' High School Board of Trustees (School)
2 _____ (Parent/ Guardian)

I/We agree:

1. To pay a Bond of \$500.00 at the time of signing this contract.
2. For the Bond to be held in the Board of Trustee accounts until such time as my/our daughter leaves the hostel after having given due notice.
3. To give six weeks' notice in writing before withdrawing my/our daughter from the Hostel. I/We accept that failure to provide due notice will leave me/us liable for six weeks fees and the Bond will be forfeited.
- 4 (a) That boarding fees will be invoiced quarterly with payment due by 20 January, April, July and October
OR
(b) by monthly automatic payments of \$910.00 commencing January to October
- 5 That the Board of Trustees will charge interest at current bank rates on overdue accounts and charge debt recovery and legal costs.
6. I/We have read and accept the rules of the Hostel and School and the disciplinary procedures.

Signatures: (Parents) _____ (Hostel Manager) _____

Address for accounts:

Name: _____ Telephone: _____

Address: _____ Email: _____

(Note: This is not a valid contract until it has been signed by both parties.)

Date Bond received: _____