



# Waitaki Girls' High School Application for Enrolment



## 1. Student

Family Name:		First Names:	
Preferred Name:		Date of Birth:	
Student's Address while attending WGHS (including postal and rapid number)	Town/City:		Post Code:
			Phone no:

Is the Student a Day Girl? <input type="checkbox"/>	Is the Student a Boarder? <input type="checkbox"/>	Is the Student taking the bus? <input type="checkbox"/>
Student Lives with (tick box(es))	Mother <input type="checkbox"/> Father <input type="checkbox"/> Caregiver <input type="checkbox"/> Joint Custody <input type="checkbox"/> Other <input type="checkbox"/> Please state:	
<b>"Caregiver"</b> is a term used by the Ministry of Education to describe the person(s) taking care of the student. This may include a stepmother, stepfather, partner, relative, homestay or legal guardian – whoever has day to day responsibility for the student.		

## 1. Main Residence – The residence that the student lives at for the majority of the time

	<b>Caregiver 1</b>		
Relationship to student			
Full Name	Mr/Mrs/Ms		
Occupation	Place of Work:		
Telephone	Home:	Work:	Mobile:
Email			
Address			

	<b>Caregiver 2</b>		
Relationship to student			
Full Name	Mr/Mrs/Ms		
Occupation	Place of Work:		
Telephone	Home:	Work:	Mobile:
Email			
Address			

## 2. Secondary Residence (if applicable) – The residence that the student lives at for either an equal or lesser part of the time

	<b>Caregiver 3</b>		
Relationship to student			
Full Name	Mr/Mrs/Ms		
Occupation	Place of Work:		
Telephone	Home:	Work:	Mobile:
Email			
Address			

	<b>Caregiver 4</b>
Relationship to student	
Full Name	Mr/Mrs/Ms
Occupation	Place of Work:
Telephone	Home: Work: Mobile:
Email	
Address	

### 3. Emergency Contact – If caregiver unavailable

Full Name: Mr/Mrs/Ms	Telephone:
Relationship to Student:	

### 4. Student Details

Please tick the box(es) below to indicate which ethnic group the student identifies with (may be more than one).	
<input type="checkbox"/> European NZ	<input type="checkbox"/> NZ Māori – Iwi (Please state):
<input type="checkbox"/> NZ Chinese	<input type="checkbox"/> Asian (State ethnic group):
<input type="checkbox"/> Pacific Island (State ethnic group):	<input type="checkbox"/> Other (Please state):
Country of Birth:	Citizenship: <input type="checkbox"/> NZ <input type="checkbox"/> Other (Please state):

### 5. School Organisation

School Student is currently attending (or last attended):		
Year Level on First Day at WGHS:	Start Date:	
Names of sisters who are currently enrolled at WGHS or of siblings/relatives who have attended WGHS (if applicable)?		
Name:	Relationship:	House:
Name:	Relationship:	House:

### 6. Health:

Please detail any medical condition/disability of which the school should be aware:			
Doctor's Name:	Phone:	Dentist's Name:	Phone:

### 7. Financial and Administrative Information

Invoices/Accounts to be sent to:	Main residence <input type="checkbox"/>	Secondary residence <input type="checkbox"/>
Reports to be sent to:	Main residence <input type="checkbox"/>	Secondary residence <input type="checkbox"/>
Are there any custodial arrangements we need to be aware of (eg. With regard to legal access rights)?		

**8. Anything else we should know about?** (Other comments eg. interests and achievements/parent concerns)

**PLEASE ATTACH A COPY OF YOUR DAUGHTER'S BIRTH CERTIFICATE TO THIS FORM.  
IF SHE IS NOT A NEW ZEALAND CITIZEN PLEASE ALSO ATTACH A COPY OF YOUR DAUGHTER'S  
PASSPORT AND RESIDENCY VISA.**

**Parents and Students (all levels)**

We agree to comply with the rules and procedures of the school.

I/we give permission for relevant information contained on this form to be used:

- For school and health purposes
- By PTA and Board of Trustees
- To provide information to a school this student may attend in the future

I/we give permission for relevant information to be obtained from schools previously attended by this student.

I/we give permission for images of the student to be used in school promotional material.

I/we understand that this information will be stored at Waitaki Girls' High School and will not be held longer than required.

I/we give permission for our daughter to be involved in On Site Education Outside the Classroom such as on the school grounds including the Recreation Centre, Athletics, Cross Country and Swimming Sports plus off site, low risk short visits within the local community and within school hours.

I/we have read the "Responsible Use Agreement and BYOD Rights and Responsibilities" and will abide by the rules in respect of mobile phones, school network computers, accessing the internet and using other school digital or ICT equipment.

**Caregiver Signature:**

**Caregiver Signature:**

**Student's Signature:**

**Date:**

**Waitaki Girl's High School**

Trent Street, PO Box 42, Oamaru 9444, New Zealand, **Telephone:** +64 3 434 8429, **Website:** [www.waitakigirlshigh.school.nz](http://www.waitakigirlshigh.school.nz)

**Email:** [office@waitakigirlshigh.school.nz](mailto:office@waitakigirlshigh.school.nz)

It helps us to teach you if you fill out this sheet.

**Student name:** \_\_\_\_\_

**Student to Complete:** Would you please write about yourself in the space below. Say as much as you can about who you are, something about your family, your personality, where you are from and what you enjoy doing (sports, hobbies, music, dance, etc...). What do you hope to gain from your time at Waitaki Girls' High School?

If there is more you would like to say but can only do it in your own language (not English), then add more information below in your own language.

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**Thank you**

**We look forward to getting to know you and helping you become a successful student at Waitaki Girls' High School**