



Te Kura Tuarua o Tūranga Wāhine Gisborne Girls' High School

email info@gghs.school.nz
web www.gghs.school.nz
post P O Box 249 Gisborne 4040
phone (06)8686092

ENROLMENT APPLICATION 2021

For office use only: FDA	Student #	NSN	Interview
--------------------------	-----------	-----	-----------

Student's legal family name: _____

Student's legal first name(s): _____

Preferred name: _____ Previous/ other names used: _____

Date of Birth: _____ Student's cell phone #: _____

Ethnicity (1): _____ Student's e-mail address: _____

Ethnicity (2): _____ Sibling(s) attending GGHS: _____

Iwi Affiliation: *(if applicable please circle)* Ngai Tāmanuhiri / Ngāti Porou / Rongowhakaata / Te Aitanga-ā-Māhaki

Other iwi: *(please specify)* _____

Year level applying for: **9 / 10 / 11 / 12 / 13 / 14**

Current school: _____ Current Year Level: _____

Country of Birth: _____ ***(copy of Birth Certificate or Passport is required)***

Other citizenship(s): _____

(please specify; copy of Permanent Residence/ Passport/ Student Visa/ Parent Work Permit required)

First Language: *(please circle)* English / Te Reo Māori / Other: *(please specify)* _____

Residence A: *(this is the student's primary residence while attending GGHS)*

Name of caregiver 1: _____ Relationship to student: _____

Physical Address: _____

Postal Address: _____ Occupation/Workplace: _____

Home phone: _____ Work phone: _____

Mobile phone: _____ Email: _____

Name of caregiver 2: _____ Relationship to student: _____

Mobile phone: _____ Occupation/Workplace: _____

Email: _____ Work phone: _____

Residence B: *(if applicable; shared living/custody arrangements)*

Name of caregiver 1: _____ Relationship to student: _____

Physical Address: _____

Postal Address: _____ Occupation/Workplace: _____

Home phone: _____ Work phone: _____

Mobile phone: _____ Email: _____

Name of caregiver 2: _____ Relationship to student: _____

Mobile phone: _____ Occupation/Workplace: _____

Email: _____ Work phone: _____

Do you want Residence B to receive correspondence? Yes / No

Emergency Contact: *(if we are unable to get hold of Res A or Res B)*

Name(s): _____ Relationship to student: _____

Home phone: _____ Mobile phone: _____

Boarding Residence: (if applicable)

Name of caregiver(s): _____

Address: _____

Home phone: _____

Mobile phone(s): _____

Do you need assistance finding board? Yes / No

Medical Information:

Please advise any medical conditions that may require emergency healthcare response, including serious allergies: *(attach any documentation if necessary)* _____

Doctor/ Medical Centre: _____

Dentist/ Dental Centre: _____

Do we have permission to give paracetamol (tablets) if required? Yes / No

Special Learning Needs: (if applicable please give details) _____

Bus Route: (if applicable) _____

Declarations:

We agree to accept and uphold the school values for Gisborne Girls' High School.

We agree to promptly notify the school of any changes in address and contact details.

We authorise the transfer of information and data to Gisborne Girls' High School from the last school attended and any future transfer of information to subsequent learning organisations.

We agree to supply the school with any relevant health and wellbeing information to ensure appropriate levels of care and support can be delivered on the understanding this information will remain confidential.

We authorise the school to make legitimate use of information collected. This includes the use of any photographs, video footage or student work collected by school personnel.

We understand that the school will take no responsibility or liability for the loss or damage of personal communication devices, music devices, or non-uniform items that the student chooses to bring to school.

Parent/ Caregiver signature: _____

Date: _____

Student signature: _____

Date: _____