



TAIRAWHITI SERVICES ACADEMY

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
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Student's legal family name:

Student's legal first name(s):

Preferred name:

Previous/ other names used:

Gender:

Date of Birth:

Student's cell phone:

Ethnicity: (1)

Student's e-mail:

Ethnicity: (2)

Sibling(s) attending GGHS:

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

Other: *(please specify)*

Year level applying for: 11 / 12 / 13

Current school:

Current Year Level:

Country of Birth:

(copy of Birth Certificate or Passport 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)*

Driver's Licence: *(please circle)* Full / Restricted / Learners Licence Number:

Primary Residence: *(this is the student's main residence)*

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:

Secondary Residence: *(if applicable)*

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 the secondary residence to receive correspondence? Yes / No

Emergency Contact: *(if we are unable to get hold of primary or secondary caregivers)*

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:**Please advise which bus route will be used: *(if applicable)* _____**Career Intentions:**

Please advise your career intention: (i.e Army, Navy, Police Force etc) _____

How did you find out about TSA: *(please circle)* / Newspaper / Radio / Friend / Other: _____**Declarations:***We agree to accept and uphold the school values and student code of conduct 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: _____