



### ENROLMENT FORM 2018

**Please complete all parts of this form in detail, including any special circumstances – Write N/A if not applicable**

Legal Last Name: \_\_\_\_\_ Legal First Name(s): \_\_\_\_\_  
 Preferred Last Name: \_\_\_\_\_ Preferred First Name(s): \_\_\_\_\_  
 Home Phone: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ (years) \_\_\_\_\_ (months)  
 Sister(s) also attending: \_\_\_\_\_  
 Tick appropriate box:  Day Girl  Scotlands Boarder  Private Boarder  Exchange Student  Overseas Full Fee Paying  
 Previous School and Year Level: \_\_\_\_\_

**Primary Caregivers (Main residence):**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Email: \_\_\_\_\_ Occupation/Workplace: \_\_\_\_\_  
 Telephone (Home): \_\_\_\_\_ (Work): \_\_\_\_\_ (Mobile): \_\_\_\_\_

Tick to receive:  Accounts  Newsletters/Correspondence  School Reports

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
 Address: \_\_\_\_\_ SAME ADDRESS AS PRIMARY CAREGIVER ABOVE  
 Email: \_\_\_\_\_ Occupation/Workplace: \_\_\_\_\_  
 Telephone (Home): SAME AS ABOVE (Work): \_\_\_\_\_ (Mobile): \_\_\_\_\_

**Secondary Caregivers (Secondary residence):**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Email: \_\_\_\_\_ Occupation/Workplace: \_\_\_\_\_  
 Telephone (Home): \_\_\_\_\_ (Work): \_\_\_\_\_ (Mobile): \_\_\_\_\_

Tick to receive:  Accounts  Newsletters/Correspondence  School Reports

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
 Address: \_\_\_\_\_ SAME ADDRESS AS SECONDARY CAREGIVER ABOVE  
 Email: \_\_\_\_\_ Occupation/Workplace: \_\_\_\_\_  
 Telephone (Home): SAME AS ABOVE (Work): \_\_\_\_\_ (Mobile): \_\_\_\_\_

**NB: If there are any Court documents pertaining to Custody, Access, Protection Orders etc, please provide copies for our records. Verbal instructions must be supported by documentation. Documents to be provided  Yes  No**

**Emergency Contact: NOT PARENTS OR CAREGIVERS – We do contact parents/caregivers before the Emergency person**  
 Name: \_\_\_\_\_ Telephone (Daytime/Mobile) \_\_\_\_\_

**Proof of identity documentation must be sighted and copied. Original Birth Certificate/Passports only**

**Ethnicity**

NZ European  NZ Maori  Pacific Islander  Other Ethnicity (please state) \_\_\_\_\_

Iwi \_\_\_\_\_

**If not born in New Zealand, how many years of schooling in New Zealand** \_\_\_\_\_

**Do you speak English at home (if not, please list other languages spoken at home)** \_\_\_\_\_

**\*Please note under Specific Learning Support Needs if and 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 Legal 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/Caregiver*** \_\_\_\_\_ ***Date:*** \_\_\_\_\_

***I agree to attend regularly, wear the correct uniform and uphold the school's values of Respect (Whakamana), Responsibility (Haepapa) and Relationships (Whanaungatanga).***

***Signature of Student:*** \_\_\_\_\_ ***Date:*** \_\_\_\_\_

**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:** \_\_\_\_\_

**INTERVIEWER COMMENTS:**

\_\_\_\_\_  
\_\_\_\_\_

**Interviewer Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

Forms present and/or completed ✓ or x

- |  |  |  |                               |  |
|--|--|--|-------------------------------|--|
| <input type="checkbox"/> Subject       | <input type="checkbox"/> Internet        | <input type="checkbox"/> Health  | <input type="checkbox"/> EOTC | <input type="checkbox"/> Music Lessons |
| <input type="checkbox"/> School Report | <input type="checkbox"/> Court Documents | <input type="checkbox"/> Birth Certificate/Passport (incl. visa) # _____ |                               |  |