



# 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](http://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 - 2018

Student's Name in full \_\_\_\_\_

Date of Birth \_\_\_\_\_

Home Address \_\_\_\_\_

## Health History (Parents please complete this section)

(Please circle)

- 1/ Has your daughter been diagnosed with any significant medical problems? Yes / No
- 2/ Has your daughter had any major operations? Yes / No
- 3/ Has your daughter been immunized against Tetanus? Yes / No    Booster? Yes / No    Date \_\_\_\_\_
- 4/ Has your daughter had any history of an eating disorder? Yes / No
- 5/ Has your daughter had any history of self harm? Yes / No
- 6/ Has your daughter had any history of mental health challenges? Yes / No
- 7/ Does your daughter have any dietary requirements? Yes / No
- 8/ Does your daughter have any allergies / hayfever / food allergies? Yes / No

If so please specify \_\_\_\_\_

9/ Please give details of any medical problems, special treatments and/or medication that your daughter is currently taking and include any relevant Drs letter, specialist advice letter.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

I/We give consent to our daughter receiving **prescribed** medication if necessary from Scotlands Hostel staff who hold a current First Aid Certificate.

Signed \_\_\_\_\_

Over the counter medications are held in our sick bay for the relief of minor pain, coughs, colds and fever. Please sign beside each medication that you authorize to be given to your daughter.

- |                     |          |                       |          |
|---------------------|----------|-----------------------|----------|
| Panadol/Paracetamol | Yes / No | Diastop               | Yes / No |
| Ibuprofen           | Yes / No | Anti Nauseous Tablets | Yes / No |
| Cough Syrup         | Yes / No | Allergy Tablets       | Yes / No |

Name and address of your daughter's Doctor \_\_\_\_\_

Name and address of your daughter's Dentist \_\_\_\_\_

I/We give consent to my daughter being treated by a health provider for urgent medical attentions at the discretion of hostel staff.

Signed \_\_\_\_\_

*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.*