



Scotlands Hostel Application Form

I wish to apply for a place for my daughter/ward at the New Plymouth Girls' High School as a full time boarder to commence:

_____ 20..... .. Year _____

Girls Name in full _____ Date of Birth _____

Current School _____ Class _____

Parents Details:

Father/Guardian _____
Address _____ _____
Occupation _____
Telephone (Home) _____
Business _____
Mobile _____
email _____

Mother/Guardian _____
Address _____ _____
Occupation _____
Telephone (Home) _____
Business _____
Mobile _____
email _____

Emergency Contact (other than parents/guardian)

Name _____ Telephone _____ Mobile _____

Are you entitled to a Boarding Bursary? _____ (If not sure, please contact the school)

Have you any previous connection with Girls' High School? _____ Boys' High School? _____

I agree to pay a bond of \$450.00 at the time the Boarding Contract is signed.

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

Girls Name in full _____ Date of Birth _____

Home Address _____

Health History (Parents please complete this section)

What is your daughter's current state of health? _____

1 Has your daughter had any of the following (please circle)

Measles	Yes / No	Year _____
Whooping Cough	Yes / No	Year _____
Chicken Pox	Yes / No	Year _____
Appendicitis	Yes / No	Year _____
Mumps	Yes / No	Year _____
Rheumatic Fever	Yes / No	Year _____
Tonsillitis	Yes / No	Year _____

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 any history of an eating disorder? Yes / No _____

5 Does your daughter have any allergies? Yes / No _____

6 Please give detail any medical problems, special treatments and/or medication that your daughter requires

Name and address of your daughter's Doctor _____

Name and address of your daughters Dentist _____

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.

Parent's Signature _____ Date _____