



Hastings Girls' High School

Be Respectful Show Resilience Strive to Succeed Be Honest

ENROLMENT APPLICATION

Proposed Entry Level: (Circle one) Year 9 Year 10 Year 11 Year 12 Year 13

Application type: (Circle one) In Zone Out of Zone

Student's Full Name:

Home Address:

Ethnicity: Iwi (for Maori ethnicity only).....

Date of Birth: Country of Birth:.....

Previous School:

If your daughter was not born in New Zealand, what date did she arrive in New Zealand?.....

Does your daughter have New Zealand citizenship? Yes / No

CAREGIVER 1

Primary Residence (This is the student's main residence)

Relationship to student:.....

Surname:.....

First Name(s):.....

Miss/Mrs/Ms/Mr/Dr

Home Phone:.....

Cell Phone:.....

Email Address:.....

Occupation:.....

Work Phone:.....

CAREGIVER 2

Primary Residence (This is the student's main residence)

Relationship to student:.....

Surname:.....

First Name(s):.....

Miss/Mrs/Ms/Mr/Dr

Home Phone:.....

Cell Phone:.....

Email Address:.....

Occupation:.....

Work Phone:.....

SECONDARY CAREGIVER 1 (If applicable)

Secondary Residence (Shared custody/living arrangements)

Relationship to student:.....

Surname:.....

First Name(s):.....

Miss/Mrs/Ms/Mr/Dr

Home Phone:.....

Cell Phone:.....

Email Address:.....

Occupation:.....

Work Phone:.....

SECONDARY CAREGIVER 2 (If applicable)

Secondary Residence (Shared custody/living arrangements)

Relationship to student:.....

Surname:.....

First Name(s):.....

Miss/Mrs/Ms/Mr/Dr

Home Phone:.....

Cell Phone:.....

Email Address:.....

Occupation:.....

Work Phone:.....

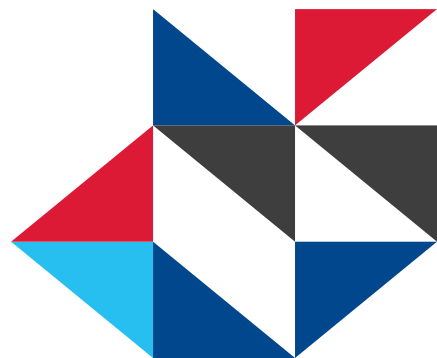
EMERGENCY CONTACT

Must be different to caregivers above

Name: Relationship to student:

Emergency Contact Phone:

Home Work Cell





CUSTODY/GUARDIANSHIP ARRANGEMENTS

Please indicate briefly if there is any information (legal/mutual) about guardianship or custody of the student which the school should be aware.

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MEDICAL INFORMATION

Are there any medical conditions we should be aware of eg: Allergy requiring EpiPen, Asthma, Anxiety, etc?

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Doctor:..... Phone:.....

RELATIONSHIP WITH THE SCHOOL

Does the student have an older sister(s) who is currently or who previously attended this school?

Name enrolled under: House:.....

Did the student's mother attend Hastings Girls' High School?

Name enrolled under: House:.....

DECLARATION

- i) I/We agree that our daughter/ward will abide by the stated rules and regulations contained in the Hastings Girls' High School bylaws.
- ii) I/We agree that she will wear the correct uniform as specified in the Hastings Girls' High School bylaws.
- iii) I/We consent to the school referring our daughter/ward for appropriate medical treatment or counselling should the need arise.
- iv) I/We understand that the information provided above, together with any other information obtained during our daughter/ward's attendance at this school, may be released to any other educational agency, including the Ministry of Education and the Ministry of Social Development.
- v) I/We agree that the school may use our daughter's/ward's photograph in school newsletters and other promotional material.

.....
Signature of Parent/Guardian

.....
Date

DOCUMENTATION REQUIRED TO COMPLETE THIS ENROLMENT

- Birth certificate / Passport
- Proof of address (eg: rates demand, power account, phone account)
- VISA showing residency status (if applicable)

