



Hastings Girls' High School

PO Box 2441, Stortford Lodge, Hastings 4153

Application for Enrolment

Year Level: 9 10 11 12 13

In Zone Application

Out of Zone Application

Student's Name: _____
(First names - Underline preferred name) (Surname)

Home Address: _____

Ethnicity: _____ Iwi (for Maori ethnicity only) _____

Previous School: _____

Date of Birth: _____ Country of Birth: _____

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: _____

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. _____

Emergency Contact: Must be different to caregivers above

_____ Relationship to student: _____
(Name)

Emergency Contact Phone: home _____ work _____ cell _____

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

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..... Doctor: Phone:

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

(Please put name(s) and house).

..... House:

Did the student's mother attend Hastings Girls' High School? (please put name enrolled under and house).

..... 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)