

OOZ
Level
Category

This section for Office Use Only

Surname: _____

Year	Tutor Class	Start date
	/...../.....



Tauranga Girls' College 2018 Application for Enrolment

Present/Last Year Level: _____

Date of Birth: _____

Family Information

***Student's Legal Surname:** _____

***Legal First Names:** _____ **Preferred Name:** _____

** Legal Surname/Legal First Names = NZ Birth Certificate/Passport/Visa* **Bring all documents to your appointment interview.**

Ethnic Origin: (tick those you wish the College to acknowledge)

- | | | |
|--|--|---|
| <input type="checkbox"/> Maori → State Iwi: (i) _____ (ii) _____ (iii) _____ | <input type="checkbox"/> Chinese | <input type="checkbox"/> Fijian |
| <input type="checkbox"/> NZ European | <input type="checkbox"/> Niuean | <input type="checkbox"/> Pacific Island General |
| <input type="checkbox"/> Indian | <input type="checkbox"/> Tokelauan | <input type="checkbox"/> Tongan |
| <input type="checkbox"/> Samoan | <input type="checkbox"/> Other (state) _____ | |
| <input type="checkbox"/> Asian (state) _____ | | |

Languages, other than English, spoken: _____ For immigrants, date entered New Zealand:/...../.....

Present/Last School: _____

Telephone: (Home): _____

Address: Number: _____ Street/Road: _____

Suburb/District: _____ Post Code: _____

Postal Address (if different): _____ Post Code: _____

Caregiver 1:

Surname: Mrs/Miss/Ms/Mr _____

Given name: _____

Relationship to student: _____

(Address if different from above)

_____ Post Code: _____

Telephone: (Home) _____

(Work) _____

(Cellphone) _____

Email Address: _____

Name of person(s) for mail to be sent to: _____

Address if not given above: _____

Caregiver 2:

Surname: Mrs/Miss/Ms/Mr _____

Given name: _____

Relationship to student: _____

(Address if different from above)

_____ Post Code: _____

Telephone: (Home) _____

(Work) _____

(Cellphone) _____

Email Address: _____

Emergency/Alternative Contact (other than Parent/Caregiver – necessary for Health contact):

Name: _____ Telephone: _____
Relationship to student: _____ Cell Phone: _____

Personal Details

Health Information:

Alert to parents: If your daughter has a **serious medical condition**, please discuss this with the school nurse directly. It is important that we are aware of any life threatening conditions e.g. diabetics, epilepsy, allergies.

In order to provide a safe and healthy environment for your daughter this information will be accessible to the following people with your consent: School Nurse/First Aider, Senior Leaders, Deans, Office Co-ordinator, Emergency Medical Staff, Guidance Counsellors.

Doctor's Name: _____ **Name of Clinic:** _____ **Phone:** _____

Dentist's Name: _____ **Name of Clinic:** _____ **Phone:** _____

Vision/Hearing: Did your daughter have her vision/hearing tested in Yr 7? Yes/No

Immunisations: Is your daughter immunised? Yes/No Are they up to date? Yes/No Tetanus: Yes/No

- The school offers a free, confidential medical service by Dr Tracy Ball. Do you consent to your daughter using this service? Yes/No (delete as applicable)
- Do you consent to your daughter being given paracetamol at school? Yes/No (delete as applicable)
- Do you consent to your daughter being given ibuprofen at school? Yes/No (delete as applicable)

Medical conditions:

	Medication			Medication			
Asthma	<input type="checkbox"/>	<input type="checkbox"/>	Anxiety Disorders	<input type="checkbox"/>	<input type="checkbox"/>	Vision Impairment	<input type="checkbox"/>
Bee Sting Allergy	<input type="checkbox"/>	<input type="checkbox"/>	ADD/ADHD	<input type="checkbox"/>	<input type="checkbox"/>	Hearing Impairment	<input type="checkbox"/>
Nut Allergy	<input type="checkbox"/>	<input type="checkbox"/>	Heart Condition	<input type="checkbox"/>	<input type="checkbox"/>	Epi pen	<input type="checkbox"/>
Diabetes	<input type="checkbox"/>	<input type="checkbox"/>	Bleeding disorders	<input type="checkbox"/>	<input type="checkbox"/>	Behavioural problems	<input type="checkbox"/>
Epilepsy	<input type="checkbox"/>	<input type="checkbox"/>	Migraines/Headaches	<input type="checkbox"/>	<input type="checkbox"/>	Special needs	<input type="checkbox"/>

Other: _____

Allergies: Cause: _____ Treatment: _____

Before any medication is administered at school, a medication authorisation form must be completed by the parent/caregiver and is kept on file, these are available from the Health Centre.

Present or past association With Tauranga Girls' College:

Name(s) of sister(s) currently attending Tauranga Girls' College: _____

Name(s) of sister(s) who are former students at Tauranga Girls' College. State their year of leaving:

Student's position in family (eg eldest of four): _____

Student's cell phone (optional): _____

Indicate student's main way of transport to school:

- Bus Bicycle Car Walk

The nearest secondary school to your home is: _____

Current participation in school sport and cultural activities:

Sports Activities: _____

Cultural Activities: _____

Has your daughter been stood down or suspended from school (please circle)? No Yes

Additional information in support of your daughter's application:

- | |
|--|
| <p>Check List</p> <ul style="list-style-type: none"><input type="checkbox"/> Complete your Application Form.<input type="checkbox"/> Complete your Subject Request Form.<input type="checkbox"/> Include a photocopy of your daughter's most recent school report.<input type="checkbox"/> Include a photocopy of any examination results if your daughter is enrolling for Year 12 or Year 13.<input type="checkbox"/> Include copies of two documents verifying your usual place of residence.<input type="checkbox"/> Include a photocopy of your daughter's New Zealand Birth Certificate only or Passport showing residency status.<input type="checkbox"/> Make an appointment for an interview through your contributing school or telephone the College on (07) 578-8114. |
|--|

Please turn over page



Tauranga Girls' College Contract

I/We apply for the enrolment of

at Tauranga Girls' College. If that application is accepted by the Board of Trustees then:

1. **The student agrees** to follow the School Values set out in the Tauranga Girls' College Prospectus.

2. **The Parents/Caregivers:**

The Board of Trustees has the power to annul an enrolment if it is found to be based on false information. Parents and/or caregivers are required to certify that the statements in this application form are correct.

I/We agree:

- (a) That the information provided in this application is true and correct.
- (b) To support and encourage the student in her education at Tauranga Girls' College.
- (c) To consult with the College if at any time the parent or caregiver believes that either the College or the student are not meeting their obligations.
- (d) To the applicant's records being obtained from her previous school.
- (e) To the applicant's photograph being used in Newsletters, Prospectus or school website.

3. **The Board of Trustees agrees** to provide the student with education in terms of the Charter of Tauranga Girls' College.

4. The school is sometimes obliged by law to give information to Government Departments (eg the Ministry of Education, and the Ministry of Health) but except for contact details explained below, your information will not otherwise be disclosed without your authorisation.

Address and phone number details are collected at the time of enrolment and during the student's time at school so that the school can contact the parent or student as necessary. These contact details may also be passed on to the Ministry of Education and the Ministry of Social Development (MSD). This is so young people who may have difficulty finding future employment; training or further education can be identified and offered support by organisations contracted by MSD to help re-engage young people in education or training when they leave school.

Signed: (Student)

Signed: (Parents/Caregivers)

.....

Date/...../201...

Signed:.....

Tauranga Girls' College Board of Trustees

Date of Acceptance: