

Application for Enrolment



AUCKLAND GIRLS'
GRAMMAR SCHOOL
PER ANGUSTA AD AUGUSTA

Student Details

Family name: _____ Given name: _____

Middle name: _____ Preferred name: (if different to given name) _____

Date of birth: / / (day/month/year) _____

Home address: _____

Home phone: _____ Student mobile: _____

Last school attended: _____

Intended start date at Auckland Girls': _____

Level enrolling for: Year 9 Year 10 Year 11 Year 12 Year 13

Student wishes to apply for Kahurangi: (Maori Language Whanau Unit) Yes No

Country where born: _____

Date of arrival in New Zealand: / / Refugee _____

Ethnic group (s): (list in priority order) _____

First language: _____

Maori Iwi affiliation: (no more than three) _____

Number of children in family: _____ Place in family: _____

Student is living with: Both parents Mother Father Caregiver

Father Details

Title: Mr Other (please specify)

Family name: _____

Given name: _____

Address: (residential) _____

Address: (postal if different) _____

Home phone: _____

Work phone: _____

Mobile phone: _____

Email: _____

Occupation: _____

Workplace: _____

Caregiver/Guardian Details (if not residing with parent(s))

Family name: _____

Given name: _____

Address: _____

Home phone: _____

Work phone: _____

Mobile phone: _____

Email: _____

Occupation: _____

Relationship with student: _____

Where to send correspondence/reports: Both parents

Where to send accounts: Both parents

Mother Details

Title: Mrs Ms Miss Other (please specify)

Family name: _____

Given name: _____

Address: (residential) _____

Address: (postal if different) _____

Home phone: _____

Work phone: _____

Mobile phone: _____

Email: _____

Occupation: _____

Workplace: _____

Past pupil: Yes No Years: _____

Emergency Contact (other than parent)

Family name: _____

Given name: _____

Address: _____

Home phone: _____

Work phone: _____

Mobile phone: _____

Email: _____

Occupation: _____

Relationship with student: _____

Mother Father Caregiver

Mother Father Caregiver

Sisters (who are, or have been Auckland Girls pupils (names/years))

Achievements

Sporting, cultural etc

Special Details

Please describe any special learning needs or programmes that apply to your daughter. eg. Special Learning Needs, Gifted and Talented programmes, physical disabilities

Trips Permission

I give permission for my daughter to go on pedestrian trips e.g. Cross Country, Theatre, Public Library, etc. I understand that individual permission will be sought when transport is required.

Parent / Caregiver signature

Date

Year 9 Students Only

Year 9 students study English, Mathematics, Science, Social Studies, Art, Drama/Dance, Music, Technology and Physical Education, plus a second Language of their choice or English Enrichment.

Preferred Language Choice: (please tick below)

- French Chinese Japanese
 Maori Samoan

Language background:

Have you attended a Kura Kaupapa or bilingual class or lived in a country where the language you have chosen is spoken? Please explain below:

Arts Options: (please choose 2 out of these 3 options)

- Art Dance/Drama Music



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Health Information

To help us care for your daughter, please answer the following questions about her health.

Student name: _____

Family doctor: _____

Phone number: _____

Dentist's name: _____

Phone number: _____

Condition	Mild	Mod	Severe	Medication Taken For Each Condition
Bee /Wasp sting	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Headaches	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Migraine	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
ADHS or ADD	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Epilepsy	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Diabetes	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Allergies: Food / Medicines	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Reactions:				
Vision Loss	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/> Glasses <input type="radio"/> Contact Lenses
Hearing Loss	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Hearing Aid <input type="radio"/> Yes <input type="radio"/> No
Heart Condition	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Hepatitis B	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Rheumatic Fever	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Asthma	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	

If your daughter takes Saibutamol (Ventolin/Samamol) for her Asthma, do you give permission for this to be given to them as an initial first aid measure for an Asthma attack? Yes No

Any other medical condition or disability:

Does your daughter regularly take any tablets/medication?

Yes No

If yes, please state the name of medication, dosage, how often etc.

If the medication needs to be taken during school hours please contact the school nurse.

Health Centre

We have medications available to students in the Health Centre i.e. Paracetamol for pain and fever, Antacid liquid/tabs for nausea and upset stomachs and Anti-histamines for extreme allergic reactions. Do you give permission for the above medications to be given to your child?

Yes No

Has your daughter had any serious past illnesses or accidents/surgery?

Yes No

Please provide brief details:

Has your daughter completed her Childhood Immunisation Programme before commencing secondary school.

Yes No

What year did your daughter last have a tetanus injection?

IF YOU HAVE FURTHER HEALTH INFORMATION OR CONCERNS FOR YOUR DAUGHTER'S CARE AT SCHOOL, PLEASE CONTACT THE SCHOOL NURSE.

IN CASE OF ACCIDENT OR EMERGENCY AND THE SCHOOL CANNOT CONTACT YOU, OR IF ILLNESS IS SERIOUS, THE SCHOOL NURSE MAY NEED TO TAKE YOUR DAUGHTER TO AN ACCIDENT AND EMERGENCY CLINIC OR TO THE SCHOOL DOCTOR.

I give permission for the school to make arrangements as necessary for the treatment of my daughter in an emergency and agree to meet any costs incurred.

Parent / Caregiver signature

Date

I agree to Auckland Girls' Grammar School collecting personal information on:

Full name of student

I have been advised by Auckland Girls' Grammar School that the information I provide will be used for:

- Student records
- Accounting purposes of the Auckland Girls' Grammar School Board of Trustees
- The Old Girls' Association
- NZ Qualifications Authority assessment information
- Special Education Services

I accept the fact that this information may later be used for statistical and/or research purposes and agree to its use for that purpose, provided that if the information is published in any way it will not identify me or the individual concerned.

I understand that the information that I provide will be held at the offices of Auckland Girls' Grammar School, at Howe Street, Newton, Auckland.

Caregiver signature

Date

Student signature

Date

I agree to support the rules and regulations of the school as detailed in the school prospectus and to pay for the loss or damage to any text books, school library books, materials, equipment and other school property.

Caregiver signature

Date

Student signature

Date

COMPLETING THE ENROLMENT FORM**These attachments must be supplied with the Enrolment Form:**

- A copy of the student's latest school report – mid year report preferred
- A copy of the student's birth certificate if she was born in New Zealand
- A copy of the passport page with the student's name, date and place of birth if she was not born in New Zealand
- A copy of the student's residence permit if she was not born in New Zealand
- FOR IN-ZONE STUDENTS ONLY: Evidence of student's address – valuation notice or tenancy agreement.

If you are mailing this application, please ensure that all documents sent are photocopies.

MAIL application to: Auckland Girls' Grammar School
PO Box 68 053, Newton,
Auckland 1145, New Zealand

FAX application to: (09) 309 9152

For a full copy of the school's prospectus which includes an Enrolment Form, phone (09) 307 4180 or email enrol@aggs.school.nz