

# 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**

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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))

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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**

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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)

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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))

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\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## Achievements

Sporting, cultural etc

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## 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

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## 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       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:

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**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

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**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, Wellesley Street,  
Auckland **1141**, 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**