

**SOUTHLAND GIRLS' HIGH SCHOOL**  
**ENROLMENT FORM FOR 200** \_\_\_\_\_



**Family Name** \_\_\_\_\_

**First Names** \_\_\_\_\_

**Preferred Name** \_\_\_\_\_

**Residential Address:** \_\_\_\_\_

Number and Street Name/ Rapid Number and Road Name \_\_\_\_\_

Suburb name / Rural Delivery Number \_\_\_\_\_

Post Code \_\_\_\_\_

Town / City/ Area \_\_\_\_\_

Admin Use Only  
 In Zone   
 Out of Zone

**Present Year Level** \_\_\_\_\_ **Enrolling into Year Level** \_\_\_\_\_

School currently attending \_\_\_\_\_

**Boarding:** Has an application been made for Enwood House, our student residence? Yes  No  Contact the Director of Boarding on 2169148 for information.

**House Affiliation** (if any, please tick one)

- Batten  Gordon  Mansfield   
 McStay  Traill  Williams

**Ethnicities** (required for Ministry of Education Statistical returns)

- NZ European  Pacific Islander  (please pecify) \_\_\_\_\_  
 NZ Maori  (please specify Iwi Affiliations) \_\_\_\_\_  
 Other  (please specify) \_\_\_\_\_

**Date of Birth** \_\_\_\_ / \_\_\_\_ / \_\_\_\_ **Copy of birth certificate must be attached**

**Student Type** (required for Ministry of Education Statistical returns)

- Regular** (New Zealand born)  
 If you were not born in NZ, are you a NZ Resident? Yes  No

Country of Birth \_\_\_\_\_ Date of arrival in NZ \_\_\_\_\_

**Exchange Student** – Country of Origin \_\_\_\_\_

Exchange Programme \_\_\_\_\_ Length of Stay \_\_\_\_\_  
 Entry Visa copy included

**International Fee Paying Student**

Country of Origin \_\_\_\_\_ Entry Visa copy included

I agree to abide by the rules and requirements in the Learning Log, and/or 'Achieve' book as given to each family. Signature of Student \_\_\_\_\_

**Caregivers**  
 (Caregiver is a term used by the Ministry of Education to describe the person(s) taking care of the student. This may include a stepmother, stepfather, partner, relative, homestay or legal guardian – whoever has day to day responsibility for the student.)  
**Student lives with:**  
 Both parents  Mother  Father  Caregiver 1  Caregiver 2

**Mother or Caregiver 1** (at student's home address)  
 Relationship (mother, grandparent, aunt, step mother etc) \_\_\_\_\_

Family name \_\_\_\_\_ First name \_\_\_\_\_  
 Title: Mrs  Miss  Ms  Mr  Dr  Rev

Physical Address: (if different from student) \_\_\_\_\_  
 \_\_\_\_\_ Post Code \_\_\_\_\_

Postal Address is different from above: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Occupation \_\_\_\_\_ (required for Ministry of Education Statistics)  
 Place of Work \_\_\_\_\_ Work Phone \_\_\_\_\_

Email Contact: \_\_\_\_\_ Email newsletters

- We like to encourage parental involvement. Please indicate where you might be able to assist:*
- Invoices sent to you  Board Member   
 Reports sent to you  Parent Teacher Assn   
 The student lives with you  Fundraising Committee   
 You are the Legal Guardian  School Camps   
 You have Access rights  Field Trip   
 Coach/manage sports team

*I request that my daughter be admitted into Southland Girls' High School. I agree that she, and I as a parent or guardian, are bound by these rules and regulations as published and given to each family in the 'Achieve' booklet each year and will support them accordingly.*

Signature of Mother / Caregiver 1 \_\_\_\_\_

Names of sisters/family members currently attending SGHS

| Name | Relationship | Year level |
|------|--------------|------------|
|      |              |            |
|      |              |            |
|      |              |            |

**Father or Caregiver 2** (at student's home address)

Relationship (father, grandparent, uncle, stepfather etc) \_\_\_\_\_

Family name \_\_\_\_\_ First name \_\_\_\_\_

Title: Mr  Miss  Ms  Mrs  Dr  Rev

Physical Address: (if different from student) \_\_\_\_\_

\_\_\_\_\_ Post Code \_\_\_\_\_

Postal Address is different from above: \_\_\_\_\_

\_\_\_\_\_

Home phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Occupation \_\_\_\_\_ (required for Ministry of Education Statistics)

Place of Work \_\_\_\_\_ Work home \_\_\_\_\_

Email Contact: \_\_\_\_\_ Email newsletters

*We like to encourage parental involvement. Please indicate where you might be able to assist:*

- Invoices sent to you
- Reports sent to you
- The student lives with you
- You are the Legal Guardian
- You have Access rights
- Board Member
- Parent Teacher Assn
- Fundraising Committee
- School Camps
- Field Trip
- Coach/manage sports team

*I request that my daughter be admitted into Southland Girls' High School. I agree that she, and I as a parent or guardian, are bound by these rules and regulations as published and given to each family in the 'Achieve' booklet each year and will support them accordingly.*

Signature of Father / Caregiver 2 \_\_\_\_\_

**Duplicate Reports**

Is a duplicate report required for a non-custodial parent? Yes  No   
 If yes, please give the name and address for this report to be sent to:

\_\_\_\_\_

**Emergency Contact:**

We will always attempt to contact the main caregivers should your daughter be unwell, or in the case of an emergency. However we do require an alternative contact person to act on your behalf should we be unable to contact you.

Relationship (grandparent, neighbour, aunt, uncle etc) \_\_\_\_\_

Family name \_\_\_\_\_ First name \_\_\_\_\_

Title: Mrs  Miss  Ms  Mr  Dr  Rev

Home phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Place of Work \_\_\_\_\_ Work Phone \_\_\_\_\_

**Medical Information:**

Doctor \_\_\_\_\_ Dentist \_\_\_\_\_

Medication regularly needed at school \_\_\_\_\_

Medical conditions: (Allergies, asthma etc)

| Problem | Degree | Details (as appropriate) | Medication at school? |
|---------|--------|--------------------------|-----------------------|
|         |        |                          |                       |
|         |        |                          |                       |

Please give details of any issues with:

|         |                       |  |
|---------|-----------------------|--|
| Hearing | Hearing aid worn? y/n |  |
| Vision  | Glasses worn? y/n     |  |
| Speech  |                       |  |

**Checklist**

|   |  |  |
|---|--|--|
| Copy of Birth Certificate Attached                    | Copy of Visa (if appropriate)                        |  |
| Iwi information complete (if appropriate)             | Contact details for both caregivers/parents complete |  |
| Emergency Contact details complete                    | Medical information complete                         |  |
| Is a duplicate report required? Details given page 3. | Signed by Student on page 1                          |  |
| Signed by Mother/caregiver 1 on page 2                | Signed by Father/caregiver 2 on page 3               |  |