



STUDENT DETAILS	
Family Name:	First Name:
Date of Birth:	Preferred Name:
Previous/Other names used:	
Sister(s) attending GGHS:	

COUNTRY OF ORIGIN <i>tick box</i>	
Country of Origin (if not NZ Citizen)	NZ Citizen
Permanent Resident	Passport No:
Work Permit (Parents)	Visa No:

ETHNICITY <i>tick box</i>	
NZ European	NZ Maori
Pacific Island	Other: <i>please state</i>

IWI AFFILIATION <i>tick box</i>	
Ngai Tamanuhiri	Rongowhakaata
Ngati Porou	Te Aitanga-Mahaki

FIRST LANGUAGE <i>tick box</i>	
English	Te Reo Maori
Other <i>please state</i>	Other Languages spoken

Home Address (Student)	
Postal Address (if different)	
Home Phone	

Office Use Only:			
Enrolment Entered	Interview with Dean	Previous school records	
Copy Birth Cert/Passport	Cybersafety Form		
Timetable Entered	EOTC Form		

Copy of Birth Certificate required – All Students

FAMILY/WHANAU/CAREGIVER DETAILS- Main Residence	
Name:	Relationship to Student:
Address:	
Occupation:	Employer:
Home Phone:	Work Phone:
Mobile:	Email:

Name:	Relationship to Student:
Address:	
Occupation:	Employer:
Home Phone:	Work Phone:
Mobile:	Email:

FAMILY/WHANAU/CAREGIVER DETAILS- Secondary Residence	
Name:	Relationship to Student:
Address:	
Occupation:	Employer:
Home Phone:	Work Phone:
Mobile:	Email:

Name:	Relationship to Student:
Address:	
Occupation:	Employer:
Home Phone:	Work Phone:
Mobile:	Email:

BOARDING INFORMATION	
If the student is boarding away from home, please give the following information about the person she will board with.	
Name:	
Address:	
Home Ph:	Mob Ph:

EMERGENCY CONTACT (other than parent/caregiver)		
Name:		
Relationship to student:		
Home Ph:	Mob Ph:	Work Ph:

BUS DETAILS	
If student regularly takes a country bus, state which bus route:	

Previous school attended:	Year Level:
If previous school was Maori immersion or bilingual, please give details:	

HEALTH DETAILS	
Please state any medical conditions that may require emergency healthcare response, including serious allergies:	
Doctor's Name:	
Medical Centre:	Ph:
Do we have permission to give Panadol if Required: Yes / No	

Dentist:	
Dental Practice:	Ph:

Special Learning or Health Needs, please give details:	

Declarations:	
<i>We have read and agree to accept the conditions in the prospectus relating to expected standards of conduct, the payment of fees and school assessment policy.</i>	
<i>We will notify the school of changes of address and/or telephone numbers as soon as possible after they change.</i>	
<i>We authorise the transfer of data to Gisborne Girls' High School from the school last attended.</i>	
<i>We authorise the school to make legitimate use of information collected. This includes the use of any photographs, video footage or student work collected by school personnel.</i>	
<i>We understand that the school will take no responsibility or liability for the loss or damage of personal communication, music devices or non-uniform items that the student chooses to bring to school.</i>	
Parent/Caregiver Signature	Date:
Student Signature	Date:

Gisborne Girls' High School
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Website: www.gghs.school.nz