

# GISBORNE GIRLS' HIGH SCHOOL

## APPLICATION FOR ADMISSION - 2010

### STUDENT DETAILS:

Family name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

First Names: \_\_\_\_\_

Preferred Name: \_\_\_\_\_ Country of birth: \_\_\_\_\_

**COUNTRY OF ORIGIN** (if not a NZ citizen): \_\_\_\_\_

Permanent Resident  Study Visa  Work Permit (Parents)

Passport No: \_\_\_\_\_ Visa No: \_\_\_\_\_

### PLEASE ATTACH COPY OF BIRTH CERTIFICATE

Home address: \_\_\_\_\_

Postal address (if different) \_\_\_\_\_ Postcode: \_\_\_\_\_

Home phone: \_\_\_\_\_ Parent/Caregiver Cellphone: \_\_\_\_\_

Parent/Caregiver Email Address: \_\_\_\_\_

Name(s) of sisters currently at GGHS: \_\_\_\_\_

**Ethnicity:** NZ European  NZ Maori  Pacific Island  Other \_\_\_\_\_  
(please state)

**Iwi affiliation:** Ngai Tamanuhiri Rongowhakaata Ngati Porou Te Aitanga-Mahaki (please circle)

Other: \_\_\_\_\_ (please state)

**First language:** English  Te Reo Maori  Other \_\_\_\_\_ (please state)

Other languages spoken? \_\_\_\_\_

School attended prior to enrolment at GGHS: \_\_\_\_\_ Year Level: \_\_\_\_\_

If previous schooling was Maori immersion or bilingual, please give details: \_\_\_\_\_

### FAMILY/WHANAU DETAILS:

Full name of Mother/Caregiver (state relationship): \_\_\_\_\_

Address: \_\_\_\_\_

Occupation: \_\_\_\_\_ Employer: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Cellphone: \_\_\_\_\_

Full name of Father/Caregiver (state relationship): \_\_\_\_\_

Address: \_\_\_\_\_

Occupation: \_\_\_\_\_ Employer: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Cellphone: \_\_\_\_\_

**PLEASE COMPLETE THE REVERSE OF THIS FORM**

**HEALTH DETAILS:**

Please state any medical conditions that may require emergency healthcare response including serious allergies: \_\_\_\_\_

Doctor's Name: \_\_\_\_\_ Dentist: \_\_\_\_\_

Medical Centre: \_\_\_\_\_ Dental Practice: \_\_\_\_\_

Phone: \_\_\_\_\_ Phone: \_\_\_\_\_

If applicant has special learning or health needs, please give details: \_\_\_\_\_

**EMERGENCY CONTACT:** (other than parent – please state relationship)

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Relationship: \_\_\_\_\_

**ADMINISTRATION INFORMATION:**

**BOARDING:**

If the applicant will be boarding away from home, please give the name, address and phone number of the person she will board with (Name): \_\_\_\_\_

Address: \_\_\_\_\_

Home/Cell Phone: \_\_\_\_\_ Enrolled at Gisborne High Schools' Hostel?

**BUS DETAILS:**

If applicant regularly takes a country bus, state which bus route: \_\_\_\_\_

**Declarations:**

We have read and agree to accept the conditions detailed in the prospectus relating to expected standards of conduct, the payment of fees and school assessment policy.

We will notify the school of changes of address and/or telephone numbers as soon as possible after they change.

We authorise the transfer of data to Gisborne Girls' High School from the school last attended.

We authorise the school to make legitimate use of information collected.

We understand that the school will take no responsibility or liability for the loss or damage of personal communication or music devices that the student chooses to bring to school.

Parent/Caregiver Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Student Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**Gisborne Girls' High School**  
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Fax: (06) 868-4226  
Email: [info@gisbornegirlshigh.school.nz](mailto:info@gisbornegirlshigh.school.nz)  
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