

Palmerston North Girls' High School
2021 ENROLMENT DOCUMENTATION

Year 9



Student Name

Enrolment Checklist

Out of Zone

- Application Form has been completed and all areas highlighted in grey have been signed
- Photocopy of **New Zealand Birth Certificate** or **Passport** (if New Zealand citizen)
- Photocopy of **Passport** if your daughter was born overseas and date of entry into New Zealand
- Photocopy of **Student Visa** or **Residency Visa** (*if applicable*)
- Photocopy of **Immunisation Record** (*e.g. Well Child Book or G.P. Record for measles*)
- Photocopy of **Learning Assessment** (*e.g. dyslexia, giftedness, if applicable*)
- Photocopy of **court documents** – re **custody** (*if applicable*)

In Zone

In addition to the above documents, we need proof of in-zone residence

- If you are living in your own home** – two recent documents showing residence in zone (PNCC rates notice and one of the following accounts – power, gas, telephone, insurance **not** a bank statement or correspondence from a bank).
- If you are living in a rented home** – three recent documents showing residence in zone (tenancy agreement and two of the following accounts – power, gas, telephone, insurance **not** a bank statement or correspondence from a bank).

APPLICATION FOR ENROLMENT

SECTION A: STUDENT DETAILS

Legal Surname	
First Name(s)	
Preferred Surname	Preferred Name
Date of Birth	Current School

Address (physical)			
		Postcode	
Address (postal if different from above)			
		Postcode	
Student Mobile Telephone			
Ethnicity (up to three)	1.	2.	3.
Iwi Affiliation (up to three) For a list of iwi see back of enrolment form.	1.	2.	3.
Country of Birth		Citizenship	

Eligibility (please tick) NZ Citizen Australian Citizen NZ Resident Visa Refugee

Languages spoken at home

Languages student is fluent in	
English Language (ESOL) Assistance Required: (please tick)	Yes <input type="checkbox"/> No <input type="checkbox"/>
Student has been in bilingual programme where some of the instruction has been in Te Reo Māori (please tick)	Yes <input type="checkbox"/> No <input type="checkbox"/>
Student has been in a full immersion kura where most (80 -100%) of the instruction has been in Te Reo Māori (please tick)	Yes <input type="checkbox"/> No <input type="checkbox"/>

Name(s) of sister(s) currently attending or former students of PNGHS.	Name	Years attended e.g.2012-2016
Name(s) of parent who attended PNGHS.	Maiden Name	Years attended
Name(s) of current PNGHS employee.		
Name(s) of House they belong/belonged to	Hodges <input type="checkbox"/> Mills <input type="checkbox"/> Rhodes <input type="checkbox"/> Stephens <input type="checkbox"/>	

SECTION B: PARENT/CAREGIVER DETAILS

NOTE: Both primary and secondary caregivers will be provided with access to the KAMAR parent portal. This will allow them to view student attendance, NCEA results (if applicable), school reports and fee statements. All information for the Kamar portal is sent via email.

PRIMARY RESIDENCE (This is the student's main residence)							
Title	Prof/Dr/Mr/Mrs/Ms	Title	Prof/Dr/Mr/Mrs/Ms				
Surname		Surname					
First Name		First Name					
Relationship to Student		Relationship to Student					
Address		Address					
Postcode		Postcode					
Home Telephone		Home Telephone					
Mobile Telephone		Mobile Telephone					
Occupation		Occupation					
Work Telephone		Work Telephone					
Preferred email for this residence (Please supply a home email address as work emails tend to be sent back undelivered)							
<table border="1" style="width: 100%; height: 20px; border-collapse: collapse;"> <tr> <td style="width: 25%;"></td> <td style="width: 25%;"></td> <td style="width: 25%;"></td> <td style="width: 25%;"></td> </tr> </table>							

Mobile Number you would like us to use for text alerts: (used for absences, notification of emergency etc.)

SECONDARY RESIDENCE (Complete this section if there is shared living/custody/guardianship arrangements)							
Title	Prof/Dr/Mr/Mrs/Ms	Title	Prof/Dr/Mr/Mrs/Ms				
Surname		Surname					
First Name		First Name					
Relationship to Student		Relationship to Student					
Address		Address					
Postcode		Postcode					
Home Telephone		Home Telephone					
Mobile Telephone		Mobile Telephone					
Occupation		Occupation					
Work Telephone		Work Telephone					
Preferred email for this residence (Please supply a home email address as work emails tend to be sent back undelivered)							
<table border="1" style="width: 100%; height: 20px; border-collapse: collapse;"> <tr> <td style="width: 25%;"></td> <td style="width: 25%;"></td> <td style="width: 25%;"></td> <td style="width: 25%;"></td> </tr> </table>							

EMERGENCY CONTACT (other than listed above)

An emergency contact is used if PNGHS cannot make contact with person(s) identified in the Primary or Secondary Residence. The emergency contact **must** have a telephone number they can be contacted on.

Name	
Relationship to Student	
Home Telephone	Mobile Telephone

Are there any custodial issues relating to your child that the school should be aware of? No Yes

If yes please provide information in the space below.

Please note: any restrictions on communication or access with, or by a parent **MUST** be supported by a court order.

MEDICAL INFORMATION

Doctor and Medical Practice Name	Dentist
Contact Number	Contact Number

Immunisation History

Tetanus No Yes Year _____

MMR No Yes Year _____

I give permission for my daughter to be given paracetamol if deemed necessary by Sick Bay staff No Yes

Please tick the box of any medical conditions that your daughter has been diagnosed with:

- Anxiety Asthma Back Problems Diabetes
- Depression Epilepsy Glandular Fever Heart Condition
- Hepatitis A or B Migraines Other (please state on following page)

Please tick the box of any allergies that your daughter has:

- Bee/Wasp Stings Drug Allergy (please specify) _____
- Food Allergy (please specify) _____ Penicillin
- Other (please state on following page)

Please write details of any condition including medications and/or attach copies of specialist reports.

Please tick if the medical condition has resulted in significant school absence for the student.

Please tick if the medical condition is considered severe (i.e. requiring immediate response/treatment).
PNGHS will make contact with you to discuss an emergency plan.

LEARNING SUPPORT

Please tick the box of any conditions that may impact on your daughter's learning.

This information is to ensure we fully support student learning. PNGHS will not refuse entry on the basis of a student's learning needs.

Sensory

Vision Hearing Speech Other (please state below)

Other

Attention Deficit Autism Spectrum Dyspraxia Dyslexia

Head Injury Irlen Syndrome Other (please state below)

Please tick if student has been assessed as requiring **Special Assessment Conditions** for example a reader/writer.

Please tick if student has had a teacher aide or RTLB support.

Please tick if student has been assessed as **Gifted and Talented (G.A.T.E)**/a **Child with special abilities (C.W.S.A)**

Please write details of any condition and/or attach copies of reports.

DECLARATION BY PARENT(S) AND STUDENT

Please
tick

We agree:

- That the information provided in this application is true and correct.
- That we shall comply with Palmerston North Girls' High School policy on all matters concerning the school, adhere to the school rules and wear the prescribed school uniform;
- That we grant permission for the school to take photographs of my student (who will not be named) during school activities and that the school may use those photographs on the Palmerston North Girls' High School website, and school newsletters, as well as in marketing material for the school.
- To hereby authorise PNGHS to approach this student's previous school in order to gather information on her school record.
- To meet the school staff promptly, if required to discuss the applicant's achievement, attendance or behaviour.
- That all accounts are payable by the 20th of the month following the date of invoice. If the account is not paid within 30 days after the due date, the school's debt recovery agency may charge a fee equal to 25% of the unpaid portion of the invoice amount and other legal and collection costs not covered by the fee. The minimum fee will be \$25.00

Signed (*by student*) _____

Date _____

Signed (*by parent/caregiver*) _____

Date _____

Signed (*by parent/caregiver*) _____

Date _____

Office Use Only

<i>Date Received</i>	<i>Priority</i>
	<input type="checkbox"/> In zone <input type="checkbox"/> Sibling currently attending PNGHS <input type="checkbox"/> Sibling formerly attended PNGHS <input type="checkbox"/> Parent attended PNGHS <input type="checkbox"/> BOT Employee <input type="checkbox"/> Other