

ROTORUA GIRLS HIGH SCHOOL

Kei te kura o nga kohine, he taonga te wahine

2017 ENROLMENT FORM

FOR OFFICE USE ONLY

Start Date _____ Student No. _____ NSN No. _____
Whanau _____ House _____ Year Level _____ Testing ESOL/Year 9/10

Student Information

Level enrolling for: ☐ Year 9 ☐ Year 10 ☐ Year 11 ☐ Year 12 ☐ Year 13

Family Name: _____ Given Name: _____

Middle Name: _____ Date of birth: ____/____/____ (day/month/year)

Home Address: _____

Postal Code: _____

Home Phone: _____ Student Mobile: _____

Student is:

NZ Citizen ☐ Yes ☐ No Copy of Birth Certificate or passport must be attached

Australian Citizen ☐ Yes ☐ No Copy of Australian passport must be attached

OR

Student has:

Permanent residence status ☐ Yes ☐ No Copy of passport with residence stamp MUST be attached

Student visa/visitors permit ☐ Yes ☐ No Copy of passport cover and valid visa/permit must be attached. Expiry Date: ____/____/____.

Special Education:

Student is ORRS funded: ☐ Yes ☐ No

Ethnicity (Ministry of Education Requirement)

Ethnic Group(s): 1. _____ 2. _____ 3. _____

Māori Iwi Affiliation: _____

Are you Ngati Whakaue: ☐ Yes ☐ No

Country of Birth: _____ First Language: _____

Sibling Information

Number of children in family: _____ Place in family: _____

Are any siblings attending Rotorua Girls' High School:

Name: _____ Year of Enrolment: _____ House: _____

Name: _____ Year of Enrolment: _____ House: _____

every girl counts

Parent/Caregiver Information

Student is living with: ☐ Both parents ☐ Mother ☐ Father ☐ Grandparents ☐ Caregivers

Caregiver 1	Caregiver 2
Title:	Title:
Family Name:	Family Name:
Given Name:	Given Name:
Street Address:	Street Address:
Suburb:	Suburb:
City & Postal Code:	City & Postal Code:
Home Phone:	Home Phone:
Mobile Phone:	Mobile Phone:
Email:	Email:
Occupation:	Occupation:
Work Place:	Work Place:
Work Phone:	Work Phone:
Relationship to Student:	Relationship to Student:

Emergency Contact (other than above):

Name: _____ Contact Number: Cell: _____ Home: _____

Relationship to student: _____

Transfer Details

Name Previous School: _____ Town/Country: _____

Have they been involved with a Māori Immersion or Bi---lingual unit: ☐ Yes ☐ No

Any personal, home, or social circumstances, which will assist us in understanding the student, if applicable:

Support Agency: _____ Case Worker: _____

Any sporting, cultural interests and achievements: _____

Register of Gifted and Talented Student

Identify any areas in which you consider your daughter to be "GIFTED". You may tick many or no boxes.

Creative Writing

☐

ICT Skills

☐

Science

☐

Public Speaking / Whaikorero

☐

Mathematics

☐

Physical Education / Sport

☐

Performing Arts

☐

Leadership

☐

Te Reo Maori

☐

Art

☐

Aroha

☐

Cultural Knowledge / Tikanga

☐

Education Details

Is your daughter currently in an Accelerate or Digital class

Please circle YES NO

Declaration

STUDENTS DECLARATION:

I agree to abide by all school rules and regulations, including the School Internet Policy.

Student Signed: _____ Date: _____

PARENT/ CAREGIVER DECLARATION:

I / We also agree to the school requesting:

1. Requesting relevant information from other schools for enrolment purposes
2. Forwarding relevant information to another school for enrolment purposes
3. Forwarding relevant information to other institutions for the purpose of qualifications entry
4. Using information for statistical purposes
5. Using our daughter's name and photo on the school website and other school publications
6. I / we agree to our daughter / ward complying with all school rules and policies
7. To pay any fees or levies set, and for any careless damage of school property.
8. I agree that any information can be obtained and disclosed under the Privacy Act 1993.

Parent/Caregiver Signed: _____ Date: _____

Parent/Caregiver Signed: _____ Date: _____

MINISTRY OF EDUCATION REQUIREMENT 2015

Copy of Birth Certificate or Passport

Attached to every enrolment form, there should be a **copy of the student's New Zealand Birth Certificate** if born in New Zealand

For all other students, a **copy of their Passport, showing their current residency status** must be attached to every enrolment form

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Health Record

Doctor:	Phone:
Dentist:	Phone:

Immunisation:

Has the student received all available vaccinations/immunisations: ☐ Yes ☐ No

Medication:

Panadol can be administered if deemed necessary ☐ Yes ☐ No

Condition	Please tick	Medication Required
Arthritis	<input type="radio"/> Yes <input type="radio"/> No	
Asthma	<input type="radio"/> Yes <input type="radio"/> No	
Diabetes	<input type="radio"/> Yes <input type="radio"/> No	
Epilepsy	<input type="radio"/> Yes <input type="radio"/> No	
Hearing Loss	<input type="radio"/> Yes <input type="radio"/> No	
Impaired Vision	<input type="radio"/> Yes <input type="radio"/> No	
Rheumatic Fever	<input type="radio"/> Yes <input type="radio"/> No	
Other (please specify)	<input type="radio"/> Yes <input type="radio"/> No	

Allergies: Does the student suffer an allergic reaction to:

Food: ☐ Yes ☐ No Specify: _____

Medication: ☐ Yes ☐ No Specify: _____

Stings: ☐ Yes ☐ No Specify: _____

Other: ☐ Yes ☐ No Specify: _____

Does she suffer from any other medical condition or disability: _____

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