

Application for Enrolment



AUCKLAND GIRLS'
GRAMMAR SCHOOL
PER ANGUSTA AD AUGUSTA



STUDENT DETAILS

Family Name			Given Name							
Middle Name			Preferred Name (if different to given name)							
Date of Birth	/	/	(day/month/year)							
Level enrolling for	<input type="checkbox"/>	Year 9	<input type="checkbox"/>	Year 10	<input type="checkbox"/>	Year 11	<input type="checkbox"/>	Year 12	<input type="checkbox"/>	Year 13
Ngā Tūmanako o Kahurangi Maori Unit			<input type="checkbox"/>	Yes	<input type="checkbox"/>	No				
Date of Application (day/month/year)					Intended start date (Year only)					
Current school attending in New Zealand (if applicable)										
Last school attended overseas (if applicable)										

STUDENT'S PHONE CONTACT DETAILS

Student Home Phone			Student Cell Phone		
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ADDRESS DETAILS

Street			Postal: Street (if different)		
Suburb			Suburb		
Town			Town		
Country			Country		

OTHER INFORMATION

Ethnic group(s) (list in priority order)						
Iwi						
Home Language			Country where born			
If born in New Zealand (New Zealand Birth Certificate Number / Passport Number)						
If born outside of New Zealand			Country:	Passport Number:	Expiry date:	
Residency Status (please tick)	<input type="checkbox"/>	NZ Citizen	Student Visas (Expiry date)	<input type="checkbox"/>	Serial Number:	Expiry date:
	<input type="checkbox"/>	NZ Resident	Refugee / Reunification	<input type="checkbox"/>		
	<input type="checkbox"/>	Other (please specify)				

FAMILY – PRIMARY PARENTS/GUARDIANS/CAREGIVERS

Mother/Guardian/Caregiver (circle as appropriate)		Father/Guardian/Caregiver (circle as appropriate)	
Title		Title	
Name		Name	
Address		Address	
Home Phone		Home Phone	
Cell Phone		Cell Phone	
email address		email address	
Occupation		Occupation	
Place of Work		Place of Work	
Work Phone		Work Phone	

FAMILY – SECONDARY PARENTS/GUARDIANS/CAREGIVERS (if applicable)

Relationship to student		Relationship to student	
Title		Title	
Name:		Name	
Address:		Address	
Home phone		Home phone	
Cell phone		Cell phone	
email address		email address	
Occupation		Occupation	
Place of work		Place of work	
Work Phone		Work Phone	

OTHER FAMILY INFORMATION (please tick)

Custodial Parent/s	<input type="checkbox"/>	Both Parents	<input type="checkbox"/>	Mother Only	<input type="checkbox"/>	Father Only	<input type="checkbox"/>
		Other (specify name and relationship)					
During the school week the student lives with	<input type="checkbox"/>	Both Parents	<input type="checkbox"/>	Mother Only	<input type="checkbox"/>	Father Only	<input type="checkbox"/>
		Other (specify name and relationship)					
Custody/access arrangements (please provide relevant documents)							

EMERGENCY CONTACTS – must not reside at the same address as primary parents/guardians

Name(s)		email	
Relationship		Address	
Cell phone		Occupation	
Home Phone		Notes	

DIRECTIONS FOR CORRESPONDENCE (please tick)

As family structures can vary, the following information is requested to ensure that correspondences are sent to the correct family members:								
Send copy of Reports to:	<input type="checkbox"/>	Both Parents	<input type="checkbox"/>	Father Only	<input type="checkbox"/>	Mother Only	<input type="checkbox"/>	Other (please specify)
Send copy of Accounts to:	<input type="checkbox"/>	Both Parents	<input type="checkbox"/>	Father Only	<input type="checkbox"/>	Mother Only	<input type="checkbox"/>	Other (please specify)
Send Copy of newsletters by email	<input type="checkbox"/>	Both Parents	<input type="checkbox"/>	Father Only	<input type="checkbox"/>	Mother Only	<input type="checkbox"/>	Other (please specify)

STUDENT PROFILE – PLEASE TELL US ABOUT YOUR DAUGHTERS INTERESTS AND ACHIEVEMENTS.

Academic (Certificates/Awards)					
Music / Drama	Do you play an instrument?	Yes	No	Instrument level/years	
Other music/drama involvement					
Sport		Years	Special representation or achievement		
Community involvement (Church, Scouts, Clubs etc.)					
Hobbies (outside of school time)					

SISTERS (PAST AND PRESENT)

Do you have younger sisters?	Yes / No
If yes	
Current school attending	Year level
Do you have sister/s who are or have been Auckland Girls' pupils? (name and years)	

ADDITIONAL LEARNING REQUIREMENTS

Please describe any special learning needs or programmes that apply to your daughter eg. Special learning needs, Gifted and Talented programmes, physical disabilities. Please enclose any professional reports or documentation.

HEALTH INFORMATION

To help us care for your daughter, please answer the following questions about her health.

Has your daughter completed her Childhood immunisation before commencing secondary school?	Yes	No
What year did your daughter last have a tetanus injection?		

Student Name			
Family Doctor	Dentist name		
Doctor phone number	Dentist Phone number		

In case of accident or emergency and the school cannot contact you, or if illness is serious, the school nurse may need to take your daughter to an Accident and Emergency clinic or to the school Doctor.

I give permission for the school to make arrangements as necessary for the treatment of my daughter in an emergency and agree to meet any costs incurred.

Parent / Caregiver signature: _____ Date: _____

Condition (please tick)	Mild	Moderate	Severe	Medication taken for each condition			
Bee / Wasp sting							
Headaches							
Migraine							
ADHS or ADD							
Epilepsy							
Diabetes							
Allergies Food / Medicines Reactions							
Vision loss				Glasses		Contact lenses	
Hearing loss				Hearing Aid (please circle)		Yes	No
Heart Condition							
Hepatitis B							
Rheumatic Fever							
Asthma							

If your daughter takes Saibutol (Ventolin/Samamol) for her asthma, do you give permission for this to be given as an initial first aid measure for an asthma attack?	Yes	No
Does your daughter regularly take any medication?	Yes	No

If yes, please state the name of medication, dosage, how often etc.

Any other medical condition or disability

HEALTH CENTRE

We have medications available to students in the Health Centre i.e. Paracetamol for pain and fever, antacid liquid/tabs for nausea and upset stomachs and Anti-histamines for extreme allergic reactions. Do you give permission for these above medications to be given to your daughter?	Yes	No
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Has your daughter had any serious past illnesses or accidents /surgery?	Yes	No	Please provide brief details:
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TRIP PERMISSION (EOTC)

I give permission for my daughter to go on pedestrian trips e.g. Cross Country, Theatre, Public Library, etc.
I understand that individual permission will be sought when transport is required.

Parent / Caregiver signature _____ Date: _____

BYOD: (BRING YOUR OWN DEVICE) – YEAR 9 ONLY

I understand that my daughter is expected to have a suitable device such as a Chromebook or a laptop to use in class.
(see attachment for specifications or refer to our website for more information)

Parent / Caregiver signature _____ Date: _____

IMAGE/PHOTO PERMISSION

I _____ (full name) DO / DO NOT give permission for a photograph including my daughter,
_____ to be included in the Auckland Girls' Grammar School newsletter, website or other
promotional material.

Parent / Caregiver signature _____ Date: _____

PRIVACY OF INFORMATION

I agree to Auckland Girls Grammar School collecting personal information on:

_____ (Full name of student)

I have been advised by Auckland Girls' Grammar School that the information I provide will be used for:

- Student records
- Accounting purposes of the Auckland Girls' Grammar School Board of Trustees
- The Old Girls' Association
- NZ Qualification Authority assessment information
- Special Education Services

I accept the fact that this information may later be used for statistical and/or research purpose and agree to its use for that purpose, provided that if the information is published in any way it will not identify me or the individual concerned.

I understand that the information that I provide will be held at the offices of Auckland Girls' Grammar School, at Howe Street, Freemans Bay, Auckland.

Parent / Caregiver signature: _____ Date: _____

Student signature: _____ Date: _____

I agree to support the rules and regulations of the school as detailed in the school prospectus and to pay for the loss or damage to any text books, school library books, materials, equipment and other school property.

Parent / Caregiver signature: _____ Date: _____

Student signature: _____ Date: _____

CYBERSAFETY - STUDENT USE AGREEMENT

To the student, and the parent/legal guardian/caregiver

- 1 Please read this page carefully, to check you understand your responsibilities under this agreement
- 2 Sign the appropriate sections on this form

We understand that Auckland Girls' Grammar School will:

- do its best to keep the school cybersafe, by maintaining an effective cybersafety programme. This includes working to restrict access to inappropriate, harmful or illegal material on the Internet or school ICT equipment/devices at school or at school-related activities, and enforcing the cybersafety regulations and responsibilities detailed in use agreements
- keep a copy of this signed use agreement form on file
- respond appropriately to any breaches of the use agreements
- provide members of the school community with cybersafety education designed to complement and support the use agreement initiative
- welcome enquiries from students or parents about cybersafety issues.

SECTION FOR STUDENT TO COMPLETE AND SIGN

My responsibilities include:

- I have read the Student Cybersafety at **Auckland Girls' Grammar School** documentation carefully
- I will follow the cybersafety rules and instructions whenever I use the school's computer network, Internet access facilities, computers and other school ICT equipment/devices
- I will also follow the cybersafety rules whenever I am involved with privately-owned ICT devices/equipment on the school site or at any school-related activity, regardless of its location
- I will avoid any involvement with material (including that which is computer-identified as 'denied access') or activities which could put at risk my own safety, or the privacy, safety or security of the school or other members of the school community
- I will take proper care of computers and other school ICT equipment/devices. I know that if I have been involved in the damage, loss or theft of ICT equipment/devices, my family may have responsibility for the cost of repairs or replacement
- I will ask the relevant staff member if I am not sure about anything to do with this agreement.
- I give my permission for my picture and/or written work to appear in any official Auckland Girls' Grammar publication including the school magazine, internet and intranet

I have read and understood my responsibilities and agree to abide by this Cybersafety - Student Use Agreement. I know that if I breach this use agreement there may be serious consequences.

Print FULL Name of student:

FULL Signature: Date:

SECTION FOR PARENT / LEGAL GUARDIAN / CAREGIVER TO COMPLETE AND SIGN

My responsibilities include:

- I have read the Student Cybersafety at **Auckland Girls' Grammar School** documentation carefully and discussed it with my daughter so we both have a clear understanding of my daughter's role in the school's work to maintain a cybersafe environment
- I will encourage my daughter to follow the cybersafety rules and instructions
- I will contact the school if there is any aspect of this use agreement I would like to discuss.
- I give my permission for my daughter's picture and/or written work to appear in any official Auckland Girls' Grammar publication including the school magazine, internet and intranet
- I understand and agree to the fact that, at no cost to myself, my daughter will be given internet access and an email account for educational use.

I have read this Cybersafety Use Agreement document and am aware of the school's initiatives to maintain a cybersafe learning environment, including the responsibilities involved.

Parent/Legal Guardian/Caregiver (Please circle which term is applicable.)

Print FULL Name of parent:

Print FULL Name of student:

FULL Parental Signature: Date:

YOUR APPLICATION WILL NOT BE PROCESSED UNTIL ALL DOCUMENTATION HAS BEEN RECEIVED

Checklist – Have You Included All the Required Documents? (please tick)

Please carefully check that the application form is complete

	Passport style photograph of applicant
	Photocopy of most recent school report
	Photocopy of Birth Certificate or Passport OR
	For non-New Zealand students, a copy of passport and permanent residence permit, or student permit and entry stamp with passport
Please provide one of the following for proof of address	
	Rates/valuation notice or Sale and Purchase agreement, and
	Recent Power account
	Rental/Lease agreement showing the date the tenancy commenced and the period of tenancy
	Recent Power account

If you are mailing this application, please ensure that all documents sent are photocopies.

MAIL application to: Auckland Girls' Grammar School
 PO Box 68 053, Victoria Street West
 Auckland 1142, New Zealand

OFFICE USE ONLY

DATE RECEIVED			
DATE ENTERED INTO KAMAR		PROCESSED BY:	
ENROLMENT NOTES			
ALL DOCUMENTS RECEIVED:		CHECKED BY:	
Please tick one	<input type="checkbox"/> <u>IN ZONE</u>	<input type="checkbox"/> <u>OUT OF ZONE</u>	



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