



PO Box 1267
Hamilton 3240
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www.hghs.school.nz

Hamilton Girls' High School STUDENT ENROLMENT 2010

Email: administration@hghs.school.nz

Office use:	
Enrolment No:	<input type="text"/>
Entry Date:	<input type="text"/>

Student Information

Level: (the year you are coming into)

Year 9	Year 10	Year 11	Year 12	Year 13
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Application Type: <i>(tick)</i>		Hostel
In zone	Out-of-Zone	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Out-of-zone priority level sought <i>(circle)</i>			
1	2	3	4

Family Name:	First Names:	Preferred Name: <i>(Name you wish to be known by)</i>
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Date of Birth:	<input type="text"/>	Names of <u>sisters</u> connected with Hamilton Girls' High School: Present students: <input type="text"/> Past students: <input type="text"/> Years Attended: <input type="text"/>
Your current school:	<input type="text"/>	
Previous School <i>(If different from current school in past 2 years)</i>	<input type="text"/>	
Bus route: <i>(If applicable)</i>	<input type="text"/>	

NOTE: All students: Attach verified copy of Birth Certificate

MOTHER/CAREGIVER 1

Name:
Relationship <i>(e.g. Aunty, Grandmother)</i>
Home Phone:
Cell Phone:
Email:
Occupation:
Work Phone:
Home Address:
Postal Address:

Does the student primarily live with you? YES NO

FATHER/CAREGIVER 2

Name:
Relationship <i>(e.g. Uncle, Grandfather)</i>
Home Phone:
Cell Phone:
Email:
Occupation:
Work Phone:
Home Address:
Postal Address:

Does the student primarily live with you? YES NO

Preferred Parent/Caregiver Cell Phone number for receipt of Absence Notification text messages:

ADDITIONAL STUDENT DETAILS

Student Cell Phone:	Student Email:
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In Zone address only: <i>How long have you lived at this address?</i>	<i>If less than 3 months write your previous address:</i>
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NOTE: Attach as proof of in-zone residence a copy of the following: electricity or telephone bill, tenancy agreement, sale and purchase agreement and Hamilton Girls' High School Statutory Declaration.

ALL SECTIONS ON THIS PAGE MUST BE COMPLETED

EMERGENCY CONTACT (not parent/caregiver):

Name:
Relationship to Student:
Home Phone:
Cell Phone:
Work Phone:

Other Details: (must be completed)

Language spoken at Home:
Notification of special abilities in Language <i>(tick)</i>
Te Reo <input type="checkbox"/> Japanese <input type="checkbox"/> French <input type="checkbox"/> Spanish <input type="checkbox"/> Other Language _____ <i>(State)</i>

Country of origin:	First Language:	Ethnic Group:	If Maori: Please go to PAGE 3 and choose UP TO THREE IWI from the list provided. (Write 'Don't Know' if you do not know.)
Do you wish to apply to join the Whanau Group? (See Prospectus)			YES <input type="checkbox"/> NO <input type="checkbox"/>

Eligibility Status: <i>(please tick one)</i>			
New Zealand Citizen <input type="checkbox"/>	Permanent Resident <input type="checkbox"/>	Exchange Student <input type="checkbox"/>	International Fee Payer <input type="checkbox"/>

NOTE:	All students born outside New Zealand. Attach a copy of your citizenship/residency/immigration documents.
All Students born outside New Zealand:	Do you have Refugee Status?
Student visa/permit <input type="checkbox"/> Expiry Date: _____	YES <input type="checkbox"/> NO <input type="checkbox"/>

REMINDER:	Enrolment cannot proceed unless you have included the necessary documents.
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|--|--------------------------|
| These include: | <i>Tick</i> |
| * All students: Attach verified copy of Birth Certificate | <input type="checkbox"/> |
| * All students born outside New Zealand: Attach a copy of your citizenship/residency/immigration documents. | <input type="checkbox"/> |
| * Zone Status: Attach as proof of in-zone residence a copy of the following documents: electricity or telephone bill, tenancy agreement, sale and purchase agreement as well as Hamilton Girls' High School Statutory Declaration. | <input type="checkbox"/> |

Declaration:
I/We declare that the information contained in this application is true and correct in every respect.
_____ Parent/Caregiver _____ Parent/Caregiver
NOTE: Where possible, both parents'/caregivers' signatures are required.

This Application Form marked Enrolment Application is to be mailed to: The Principal, Hamilton Girls' High School, PO Box 1267, Hamilton 3240 or delivered to: Hamilton Girls' High School, Hill Street entrance by: Monday 31st August 2009 (Year 9) or Friday 16th October 2009 (Year 10-13) Ballot results for Year 9 will be advised by Monday 14th September 2009 and for Year 10 – 13 by Friday 30th October 2009 HGHS WILL ISSUE AN ACKNOWLEDGEMENT SLIP ON RECEIPT OF YOUR APPLICATION.
