



Avonside Girls' High School

Enrolment Application

2018

180 Avonside Drive
Christchurch 8061

Telephone: (03)389 7199, Fax: (03)389 9250
Email: principal@avonside.school.nz

In zone

Out of zone

Level: Yr 9 Yr10 Yr11 Yr 12 Yr 13

This application is to be completed and signed by the applicant and her parent(s) or guardian(s).
The Ministry of Education requires that you must also provide a copy of the applicant's birth certificate and **proof of residency within the geographical zone.**

Copy of Birth Certificate/Passport/Visa attached

Proof of residence within zone attached

Surname:

Preferred name (if different)

Date of Birth

First names:

.....

.....

Student's address:

Suburb

Postcode

Previous school: Years of attendance:

Mother's details: Mrs/Miss/Ms

Name:

Occupation:

Address:

Place of Work:

Post code: Telephone(h)

Telephone(w)

Mobile:

Email:

Fathers's details:

Name:

Occupation:

Address:

Place of Work:

Post code: Telephone(h)

Telephone(w)

Mobile:

Email:

Caregiver's details: *If not living with either of the above)*

Mrs/Miss/Ms:

Relationship to Student:

Address:

Place of Work:

Post code: Telephone(h)

Telephone(w)

Mobile:

Email:

Emergency contact:

Mr/Mrs/Ms/Miss:

Relationship to Student:

Telephone (h):

Email:

Mobile:

(an emergency contact must have a phone number)

Doctor's name: Telephone:

Medical information: Yes No *If Yes, please state:*

Do you have sister(s) currently/previously attending or a mother who attended? Yes No

If "Yes", please complete details:

Sister's Name: Years attended:

Mother's Name: Years attended:

Country of Birth: New Zealand
 Other (please state) Date of arrival in NZ

Ethnic Group: NZ European/Pakeha
 Maori Iwi affiliation Rohe (Iwi home area)
Iwi affiliation Rohe (Iwi home area)
 Pacific Island (country)
 Asian (country)

Citizenship: New Zealand **(Please enclose copy of passport showing student visa if not an NZ citizen)**
 Permanent Resident
 Migrant Refugee Other

Declaration by Student

In accordance with the Privacy Act, 1993, I, the student, consents to the information in this application being available

- to the Ministry of Education, NZ Qualifications Authority and relevant institutions for the advance of my education, and other agencies where disclosure is required for the maintenance of law and order.
- within the school for the purpose of improving my performance as a learner and ensuring my personal safety. Further I agree to information regarding my school performance being transferred between educational institutions I am transferring to or have transferred from.

I, the student, will comply with the School Rules including attendance, uniform and homework, and will act with common sense and consideration for others.

Signature of Student: Date:

Declaration by Parents / Guardians

- 1 I, the parent/guardian, will do my best to ensure that (student's name) complies with the School Rules and acts with common sense and consideration for others.
- 2 I agree to the payment of course fees.
- 3 **I declare that the address given is the student's usual permanent residence.**
- 4 **I undertake to notify the school immediately of any change of address and I understand that if the change of address affects enrolment status, the Board of Trustees will review the enrolment.**
- 5 I, the parent/guardian, declare that the information on this form is true and accurate and I accept that, if the information given is shown to be false, my daughter's application may be declined.
- 6 I agree to my daughter appearing in any photographs being taken for school or school publicity purposes.

Signature of Parent/Guardian:

Signature of Parent/Guardian: Date: