

Enrolment No: _____
 House: _____
 Form Class: _____
 Start Date: _____
 In / Out of Zone: _____



Enrolment Form

Westlake Girls High School

WG HS

YEAR LEVEL: (PLEASE TICK THE YEAR LEVEL WHICH APPLIES)

Year 9 Year 10 Year 11 Year 12 Year 13

PERSONAL DETAILS

Legal Surname/Family Name :		Legal First Name:	
Preferred First Name:		Date of Birth: dd/mm/yyyy	
Street Address:		Suburb:	Postal Code:
Home Telephone Number:		Student's Mobile Number:	
Student's Email:		Country of Birth:	Date of Entry into NZ:
Ethnicity:	If Maori, State Iwi:	Previous School/s:	
Language spoken at Home:		Name of sister/s presently at WGHS:	
Name of sister/s who attended WGHS in the past:		Dates/Years:	
Maiden name of mother who attended WGHS:		Dates/Years:	

PRIMARY RESIDENCE (this is the student's main residence)

Caregiver 1:		Caregiver 2:	
Mother's Last Name:		Father's Last Name:	
Mother's First Name:	Miss / Mrs / Ms / Dr	Father's First Name:	Mr / Dr
Address:		Address:	
Occupation:		Occupation:	
Telephone Number (Home):		Telephone Number (Home):	
Telephone Number (Work):		Telephone Number (Work):	
Mobile Number:		Mobile Number:	
Email:		Email:	

SECONDARY RESIDENCE (shared living/custody arrangements)

SECONDARY RESIDENCE (shared living/custody arrangements)

Caregiver 1:		Caregiver 2:	
Last Name:		Last Name:	
First Name:	Miss / Mrs / Mr / Ms / Dr	First Name:	Miss / Mrs / Mr / Ms / Dr
Relationship with student:		Relationship with student:	
Address:		Address:	
Telephone Number (Home):		Telephone Number (Home):	
Mobile Number:		Mobile Number:	
Email:		Email:	
Receives relevant information:	Yes <input type="checkbox"/> No <input type="checkbox"/>	Receives relevant information:	Yes <input type="checkbox"/> No <input type="checkbox"/>

EMERGENCY CONTACT (when parent not available)

Emergency Contact 1:	
Last Name:	
First Name:	Miss / Mrs / Mr / Ms / Dr
Relationship with student:	
Home Telephone Number:	
Mobile Number:	

MEDICAL SECTION

All information provided is confidential. In compliance with the Privacy Act 1993 the information will be used for the following purposes:

1. To maintain contact with students, parents and caregivers
2. To facilitate the operation and administration of the School
3. To facilitate the education and general enhancement of the students
4. To provide for the health, welfare and safety of the students.

Medications - Please list full details of current medications:

At home: _____

At school: _____

I give permission for my daughter/ward to be administered Panadol by the school nurse: Yes No

I give permission for my daughter/ward to be administered Ibuprofen by the school nurse: Yes No

Doctor's Name _____ Doctor's Phone Number _____

Dentist's Name _____ Dentist's Phone Number _____

Are there any medical conditions we should be aware of:

LEARNING SUPPORT ASSISTANCE INFORMATION

Does your daughter have or has she had any support eg ESOL, Remedial Mathematics etc. Please state below.

Are there any other circumstances that may be relevant to your daughter's learning?

Other relevant information (including family circumstances that the school should know about)

SCHOOL DONATIONS

School donations are a voluntary contribution to meet the cost of your daughter's education. The Westlake Girls High School Board of Trustees raises \$1 million dollars each year for over 20 additional teachers annually. School donations from parents underpin this cost and enhance programmes. Your contribution is tax deductible and will be refunded to you through Inland Revenue. The quality of education (programmes, facilities, class size) at Westlake Girls High School is dependent on every family making a contribution either in full or part of the annual school donation.

DECLARATION

I have not withheld any information relevant to the education of my daughter/student in my care at Westlake Girls High School. I will do all in my power to make sure that:

1. She attends school regularly.
2. A note to explain any absences will be provided by parent/guardian/caregiver.
3. She will wear the school uniform as prescribed.
4. She will observe all school rules and regulations.
5. Subject and activities supplementary transportable costs will be paid promptly.
6. Careless and deliberate damage to school property will be made good.

NOTICE FROM THE MINISTRY OF EDUCATION

Address and phone number details are collected at the time of enrolment and during the student's time at school so that the school can contact the parent or student as necessary. These contact details may also be passed on to the Ministry of Social Development (MSD). This is so young people who may have difficulty finding future employment; training or further education can be identified and offered support by organisations contracted by MSD to help re-engage young people in education or training when they leave school.

PRIVACY ACT 1993

I give my consent for Westlake Girls High School to give information to:

1. The New Zealand Qualifications Authority, for statistical purposes and examination and other qualifications entry.
2. The Parent Association and school activity organisers and sport's team coaches, to assist in communication regarding school activities.
3. Agents acting on behalf of Westlake Girls High School.

I give consent for the school to obtain from other schools and agencies, information relevant to this student's education at Westlake Girls.

Details provided on the enrolment form are used for administration, statistics and meeting specific learning needs of the students. The information is stored on computer and this hard copy is kept in the student's personal file. Staff access this information as required. It is the parents/caregivers' right to have access to the information and to update the information contained in this file. Any requests should be made in the first instance to the school office which in turn, will refer this to the Privacy Officer.

IMAGES

I agree to the legitimate taking, storing and display of images as outlined in the Student Cybersafety Agreement, which is included with this Enrolment Form.

EDUCATION OUTSIDE THE CLASSROOM

I give my general approval for the enrolled student to participate in off-site programmes of learning within her normal classroom time allocation, and on/off site events of low risk, out of school hours that have been approved by the Principal. A low risk activity would be considered as one associated with the average family activity. Any high risk or overnight activity will require additional parental consent.

Caregiver's Signature: _____

Date: _____

Student's Signature: _____

Date: _____

ENROLLING STAFF MEMBER'S COMMENTS:

Enrolled by: _____

Verification Document: Passport / Birth Certificate