

Greymouth High School Enrolment Form



To enrol at Greymouth High School you must provide with this form:
 The Students Passport or Residency Permit (for students coming into NZ)
 A signed copy of the 'Acceptable Use Policy' Form
 A signed copy of the "Consent Publication" Form

Students Personal Details

What is your legal name?

--	--

Surname

First Names

Male	/	Female
------	---	--------

Please Circle

Do you have any other names you are known by?

--

E.g. Preferred Christian Names, Aliases etc

/	/	/
---	---	---

Date of Birth

What is your Country of Citizenship?

--

What is your Ethnicity?

E.g. Maori, New Zealand European, Pacific Is. If 'other' please name.
 You can name up to three if you wish.

--	--	--	--	--

For Maori students, please state your iwi below:

Where do you live? This is your physical address, and will include a house, street or rapid number.

Flat, House or Rapid Number	Street / Road Name		
Suburb	Town / City		
Post Code	Phone		

Schooling History

What is your mailing address? This is a street address / Postal Box / Rural Delivery / or C/- address.
 Please complete only if different from above

Flat, House or Rapid Number	Street / Road Name
Suburb	Town / City

First School attended at age five, or as a new entrant

Name of School
Town
Date Started
.....
Last School attended prior to Greymouth High School
Name of School
.....
NSN Number if applicable

Siblings

Please list Name, age, and school and year level if applicable (if you require more lines, please use page 4 – thank you)

Legal Guardians

Natural Caregiver student lives with:

_____ Surname	_____ First Name
_____ Relationship to student	
_____ Home Phone Number	_____ Cell Phone Number
_____ Email address	
Would you like us to email School Newsletters and Invoices to this email address? YES/NO	
_____ Employer Name and Address	
_____ Work Phone Number	_____ Occupation
If you are unavailable, and we need to make contact with a carer, are we able to discuss this student with your partner? YES/NO	
_____ Partners Name	_____ Relationship to Student
_____ Partners Employers Name and Address	
_____ Partners Work Phone Number	_____ Occupation
_____ Partners Cell Phone Number	

Emergency Contact Person

We will always try to contact the carer named above first, however should we be unable to do so, we require the name of an emergency contact person that is not named above e.g. a grandparent, aunt or uncle, friend, neighbour, or another trusted person.

_____ Surname	_____ First Name	_____ Relationship to student
_____ Home Phone Number	_____ Work Phone Number	_____ Cell phone number
_____ Address		

Any Other Legal Guardian: (not living with student)

(This box only needs completion for cases such as shared custody, or where there is another legal guardian in place.)

_____ Surname	_____ First Name
_____ Home Phone Number	
_____ Cell phone Number	
_____ Email address	
_____ Relationship to student	
_____ Address	
_____ Work Address	_____ Phone Number
Should a copy of school reports be sent to the person named above? YES/NO	
If you are unavailable, and we need to make contact with a carer, are we able to discuss this student with their partner? YES/NO	
_____ Partners Name	
_____ Partners Employers Name and Address	
_____ Partners Work Phone Number	_____ Occupation
_____ Partners Cell Phone Number	

Is this student allowed Disprin / Panadol at school?

YES / NO

Doctors Name

Dentist Name

Does this student have a medical condition?

YES / NO

Please list below

_____	_____	_____
Condition	Severity	Details of Medication
_____	_____	_____
Condition	Severity	Details of Medication
_____	_____	_____
Condition	Severity	Details of Medication
Any other medical information we may find helpful...		

Other Information

Lunch Passes:

I request a lunch pass for this student to come home for lunch

YES / NO

If a lunch pass is required to go to an alternative address, other than home, please contact the year level dean.

Years 11, 12, and 13 require an additional form for lunch passes, available from the student office

Bus Transport:

Will this student be traveling by bus?

YES / NO

Emergency bus billet:

Please list below, the contact details for a person in town if buses are unable to run. (Name, address, phone numbers for work and home please.)

Please circle which bus route this student will use.

Kumara / Camerons / Paroa / Cobden / Dobson /
Punakaiki / Blackball / Nelson Creek / Totara Flat

Is there anything else we should know? For example; if the student is boarding, special needs, or language difficulties ...

School Philosophy and Standards: Partnership

Our community has high expectations of our staff and students. To achieve the best possible learning for our students, we need to work in partnership: Board, Staff, Parents and Students. We ask parents/caregivers and the enrolling student to commit to and sign the following statement in support of the Partnership.

"As parent/s or caregiver/s of a student at Greymouth High School, I/we accept the need for the standards of behaviour, uniform and jewellery that have been established by the Greymouth High School Board of Trustees.

I/we acknowledge that these standards are in place to encourage all students to achieve the highest possible level of personal success in a safe environment and therefore students are expected to be active and responsive learners, exercising a high level of self-discipline whilst respecting the rights of other learners.

I/we are aware that the details of the student uniform and jewellery are published in the Parents' Guide and the Student Diary and that these will be adhered to.

School behaviour standards are stated in the Parents' Guide, the Student Diary and in posters in many parts of the school. School routines are published in the Student Diary."

Privacy Act

Information contained in this form will not be released to any unauthorised person or agency (as detailed in the Privacy Act).

Contact

Please do not hesitate to contact us if you have any enquiries or concerns.

Parent/Caregiver: _____	Student: _____
Date: _____	Date: _____

Office Use Only:

Date of First attendance at GHS: ___/___/201__	Year Level: _____	Full Time / Part Time / AE <small>Please circle</small>
Other relevant notes:		

