



GOLDEN BAY HIGH SCHOOL APPLICATION FOR ENROLMENT 2020

Office use only:

Intended year level

Legal Surname: _____

Legal First Names: _____

Preferred Names or alias (if different from above) _____

Date of Birth:	Gender: Male/Female/Other	Previous School:	Current Year Level:
Country of Birth:	or If NOT born in NZ: Do you have NZ Citizenship/ NZ Residency / Student Visa (circle one)		
All students please supply a copy of either birth certificate, passport or visa/ residency document			

Ethnicity: (please select all applicable ethnicities)	
NZ European	Other (Please Specify)
NZ Māori Iwi 1:	Iwi 2:

Residence A Caregivers (where this student lives)	
Caregiver 1 Name: _____ Relationship to student: _____ Home Phone Number: _____ Cell phone No: _____ Work place and Phone No: _____ Email Address: _____	Caregiver 2 Name: _____ Relationship to student: _____ Home Phone Number: _____ Cell phone No: _____ Work place and Phone No: _____ Email Address: _____
Physical Address: _____	
Postal Address: (If different from above) _____	

Residence B Caregivers (student's other residence in shared custody arrangement)	
Caregiver 1 Name: _____ Relationship to student: _____ Home Phone Number: _____ Cell phone No: _____ Work place and Phone No: _____ Email Address: _____	Caregiver 2 Name: _____ Relationship to student: _____ Home Phone Number: _____ Cell phone No: _____ Work place and Phone No: _____ Email Address: _____
Physical Address: _____	
Postal Address: (If different from above) _____	

Other Contact (e.g. parent living elsewhere)	Emergency Contact Person
Name: _____ Relationship to student: _____ Postal Address: _____ Phone (Home) _____ Cell phone No. _____ Work place and Phone No: _____ Email Address: _____ Would you like to receive school newsletter by email? Yes / No Would you like to receive copies of reports? Yes / No	<i>(Someone local we can contact in an emergency in the event that we cannot reach caregivers listed above)</i> Name: _____ Relationship to student: _____ Phone (Home) _____ Cell phone No. _____ Work place and Phone No: _____ Home Address: _____

Medical & Learning Information:	
Permission to give Panadol or Ibuprofen: Yes / No	
Medical Conditions or Notes: (include allergies)	Special learning requirements:

Bus Information:	
Will student travel to school on a school bus? Yes / No	Bus Route Name (if known)
How far away from school do you live (kms)?	Comments:

Siblings currently attending Golden Bay High School:
Names:

Home and School:
Would you be available to help the Home and School Association at school events and functions? Yes / No

I understand that the purpose of collecting this information is to allow Golden Bay High School to carry out the functions required of an education provider and that this information may be disclosed to specified agencies for this purpose as stated in Part 10, Clause 97 of the Privacy Act 1993. Golden Bay High School undertakes to comply with the provisions of the Privacy Act 1993 which relate to collection, storage, usage and disclosure of personal information.

I agree that the applicant shall conform to all the rules, regulations and requirements of the school.

Signature of Custodial Caregiver _____ Date _____

FOR OFFICE USE ONLY

Principal		Student services			
Birth Certificate / Passport/ Visa provided (circle)		Forms signed and returned:		Form Class	
Year level		Permission to publish		House	
Start date		Cybersafety Agreement		Deputy Principal notified	
Dean notified		BYOD/1:1 Device Agreement		Guidance notified	

Senior subject choices	Line 1:	Line 2:	Line 3:	Line 4:	Line 5:	Line 6:
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Year 7-10	Option/ Rotation 1:	Option/ Rotation 2:	Maths:
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