



WELLINGTON GIRLS' COLLEGE

OUT-OF-ZONE APPLICATION FOR ENROLMENT

18 Pipitea Street, Thorndon, Wellington 6011
P O Box 12 471, Wellington North 6144 www.wgc.school.nz

Office Use

IT

Date of Application: __ / __ / ____

Out of Zone Current Sister Previous Sister Daughter of Old Girl Daughter of BOT Employee

STUDENT DETAILS: (Please complete in upper case)

Family Name:			
First Names:			
Preferred Name:			Date of Birth: / /
Street Address:			
	Suburb:	City:	Postcode:
Student's Mobile:			
Student's Email:			
Current School:			
Current Year Level:			
Ethnic Group:	<input type="checkbox"/> European <input type="checkbox"/> Māori – Please list iwi's below		
	1		
	2		
	3		
	<input type="checkbox"/> Pasifika (Please specify):		
	<input type="checkbox"/> Asian (Please specify):		
	<input type="checkbox"/> Other (Please specify):		
	<input type="checkbox"/> NZ Citizen		

MOTHER'S DETAILS:

<input type="checkbox"/> Living with Daughter <input type="checkbox"/> Access to Daughter <input type="checkbox"/> Shared Care			
<input type="checkbox"/> Mrs <input type="checkbox"/> Ms <input type="checkbox"/> Miss <input type="checkbox"/> Other:			
Family Name:			
First Name:			Relationship:
Email address:			
Address:			
	Suburb:	City:	Postcode:
Home Telephone:			Work Phone:
Mobile:			
Name of Employer/Company			
	Occupation:		

FATHER'S DETAILS:

<input type="checkbox"/> Living with Daughter <input type="checkbox"/> Access to Daughter <input type="checkbox"/> Shared Care			
<input type="checkbox"/> Mr <input type="checkbox"/> Other (Please specify):			
Family Name:			
First Name:			Relationship:
Email Address:			
Address:			
	Suburb:	City:	Postcode:
Home Telephone:			Work Phone:
Mobile:			
Name of Employer/Company			
	Occupation:		

EMERGENCY CONTACT: THIS INFORMATION IS ESSENTIAL – (Not to be a parent/caregiver AND MUST LIVE IN WELLINGTON)

Family Name:			
First Name:			
Relationship:			
Home Telephone:			Work Telephone:
Mobile Number:			

NAME OF SISTER/S CURRENTLY OR PREVIOUSLY AT WELLINGTON GIRLS' COLLEGE

Family Name:

First Names:

Current Year:

Or years attended:

-

Family Name:

Current Year:

Or years attended:

-

ALUMNAE DETAILS: IF MOTHER IS A FORMER STUDENT OF WELLINGTON GIRLS' COLLEGE

Maiden Name:

Years Attended:

MEDICAL INFORMATION

Illness/Allergies

Medications:

Is your daughter permitted to take Panadol?

Yes

No

MINISTRY OF EDUCATION DOCUMENTATION

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. When a student leaves school, these contact details may also be passed to the Ministry of Social Development (MSD) by the Ministry of Education via ENROL and roll returns. 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.

DECLARATION (at least one parent must sign this application)

I/We confirm that the information contained in this enrolment application is true and correct in every respect and my/our daughter (ward) shall be subject to all rules, regulations and expectations of the College as stated in the prospectus and parent handbook.

The address which I/we have provided to the College will be the usual place of residence of _____ (student's name) when the College is open for instruction next year, and I/we intend to live at this address permanently. I/we confirm that I/we will advise the College if for any reason there is a subsequent change of address.

I/We also agree to give the earliest possible notification to the College of a decision to withdraw this application.

Signed:

Date:

Relationship to Student:

CHECKLIST REQUIRED FOR OUT OF ZONE APPLICATIONS

- Copy of Birth Certificate
- Copy of Passport if student was born overseas and date of entry into New Zealand
- Copy of New Zealand Residency (if applicable)
- Copy of Approved Refugee Status (if applicable)

Note: if parent/s are studying for a PhD at a NZ University, as an International Student, a copy of parent's passport, study visa and enrolment acceptance for PhD is required. If parent's are in New Zealand on a work permit, a copy of parent's work visa is required.

WELLINGTON GIRLS' COLLEGE ENROLMENT SCHEME**BALLOT FOR STUDENTS LIVING OUTSIDE THE WELLINGTON GIRLS' COLLEGE ZONE**

All applications for Year 9 in 2018 Ballot must reach the Wellington Girls' College Enrolment Officer by 4.00pm, Monday 30 July 2018. The Ballot for Year 9 will be held on Friday 10 August 2018 and parents will be notified of the outcome by Wednesday 15 August 2018.

All applications for Year 10 – 13 Ballot must reach the Wellington Girls' College Enrolment Officer by 4.00pm, Thursday 18 October 2018. The ballot for Years 10 – 13 will be held on Monday 5 November and parents will be notified of the outcome by Wednesday 7 November 2018.

First Priority: Applicants whose permanent place of residence is within the Wellington Girls' College zone

Second Priority: Applicants who are sisters of current students at Wellington Girls' College

Third Priority: Applicants who are sisters of former students of Wellington Girls' College

Fourth Priority: Applicants who are daughters of former students of Wellington Girls' College

Fifth Priority: Applicants who are either daughters of an employee of the Board of Trustees of Wellington Girls' College or a Member of the Board of Trustees

Sixth Priority: All other applicants

PLEASE SUBMIT APPLICATION FORM TO:**Post:**

Enrolment Officer
Wellington Girls' College
P O Box 12-471
Wellington North 6144

Deliver:

Enrolment Officer
Wellington Girls' College
18 Pipitea Street
Thorndon, Wellington 6011

Email:

enrolments@wgc.school.nz