



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:

Living with Daughter
 Access to Daughter
 Shared Care

Mrs
 Ms
 Miss
 Other:

Family Name:			
First Name:			Relationship:
Email address:			
Address:			
	Suburb:	City:	Postcode:
Home Telephone:			Work Phone:
Mobile:			Occupation:
Name of Employer/Company			

FATHER'S DETAILS:

Living with Daughter
 Access to Daughter
 Shared Care

Mr
 Other (Please specify):

Family Name:			
First Name:			Relationship:
Email Address:			
Address:			
	Suburb:	City:	Postcode:
Home Telephone:			Work Phone:
Mobile:			Occupation:
Name of Employer/Company			

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:			

