

Out of Zone Enrolment Application Form 2011



The following priorities for out of zone enrolment apply as directed by the Ministry of Education guidelines. Please indicate which priority you are applying under (tick one only)

- SC Sibling of student currently enrolled at GEIS
 SP Sibling of former student of GEIS
 BE Child of an employee of the GEIS Board of Trustees
 OZ All other applicants

Office Use Only

Year Level _____

Room _____

Enrolment No: _____

Date Started _____

All applications must be received by 4pm, 23rd September 2010

Student Details

Full Name: _____
(Family Name) (First Name) (Middle Names)

Preferred Name: _____

Gender: Male/Female Date of Birth / /
(D / M / Y)

(A copy of the child's Birth Certificate OR Passport MUST be supplied)

Address: _____
 _____ Postcode: _____ Home Phone: _____

School coming from: _____

Siblings currently at GEIS Name: _____ Years: _____

Siblings previously at GEIS Name: _____ Years: _____

Ethnic Background

Nationality: _____ Home Language: _____

Entered New Zealand on: / / *(If not New Zealand Citizen)*

Copy of Passport or relevant Visas must be supplied

Ethnic Group(s) (Tick which applies)

- | | | | |
|--|---|---------------------------------|------------------------------------|
| <input type="checkbox"/> NZ Maori | <input type="checkbox"/> Cook Is. Maori | <input type="checkbox"/> Indian | <input type="checkbox"/> Chinese |
| <input type="checkbox"/> European/Pakeha | <input type="checkbox"/> Tongan | <input type="checkbox"/> Samoan | <input type="checkbox"/> Tokelauan |
| <input type="checkbox"/> Niuean | <input type="checkbox"/> Fijian | <input type="checkbox"/> Other | |

Other (please specify) _____

Adults with whom student lives: (Please circle)

A. Mother Female Guardian Carer
(circle)

Surname: _____

First Name: _____

Occupation: _____

Employed by: _____

Work Phone: _____

Mobile: _____

Email: _____

B. Father Male Guardian Carer
(circle)

Surname: _____

First Name: _____

Occupation: _____

Employed by: _____

Work Phone: _____

Mobile: _____

Email: _____

Emergency Contact

Name: _____

Relationship: _____
(to child)

Address: _____

Home Phone: _____

Mobile: _____

Parent living at different address:

Name: _____

Address: _____

Home Phone: _____

Work Phone: _____

Mobile: _____

Use of Student Photographs and Samples of Work

Occasionally student work or photographs are used in publicity material (eg prospectus or website) or in displays. Please sign to show you are willing for your child's photograph and/or work to be used in this way.

Signed: _____
(Parent / Caregiver)

Privacy Act 1993

The personal information you have supplied on this enrolment form is being collected to assist us in understanding and educating your child. We may pass this information onto other professionals but only for the same purposes. Under the Privacy Act 1993 you have the right of access to any personal information we hold about you or your child. Should we wish to release details held for other than the purposes stated, we will consult you under the provisions of the act.

Signed: _____
(Parent / Caregiver)

Declaration

I/We acknowledge that the above information is true and correct. I/We further accept that in signing this form we abide by the policies, rules and regulations of the school.

Signed: _____ Date: _____
(Parent / Caregiver)

Out of Zone Enrolment Check - List

Please ensure you have completed and returned the following:

- Out of Zone Enrolment Form
- Photocopy of Birth Certificate OR Passport with Visas if not born in NZ
- Photocopy of Year 6 Mid Year Report from Primary School
- Student Medical Form
- Iwi Affiliation Form (Maori Students only)