

WELLINGTON GIRLS' COLLEGE
IN-ZONE APPLICATION FOR ENROLMENT



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

Date of Application: ___ / ___ / ___

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	<input type="checkbox"/> Permanent Resident	<input type="checkbox"/> Other (Please specify):

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:	Occupation:		
Name of Employer/Company			

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:	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:			

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

NOTIFICATION OF LEARNING NEEDS and CRITICAL MEDICAL DETAILS

Please complete the form on the last page and ensure all documentation is provided with your application

ENROLMENT QUESTIONNAIRE*The Education Act give a guarantee of enrolment to students who live in the home zone specified in the College's enrolment scheme. The Board needs to be sure that an in zone address is genuine, because it is required to manage the enrolment scheme for the benefit of local students.*

Student's Surname:

Student's First Name:

1 What will be the address of the student's permanent place of residence when the College opens for instruction next year?

2 Will the student be living at this address for at least 24 months after the College opens? Yes No**IF THE STUDENT WILL BE LIVING WITH HER PARENT/S OR LEGALLY APPOINTED GUARDIAN/S:**3 Have you lived at this address for more than one year? Yes No4 Do you intend to live permanently at this address (for the next 24 months)? Yes No5 Do you own the property? Yes No6 If you are the guardian, do you have documentation showing legal guardianship? Yes No7 If separated/divorced, do you share custody? Yes No**IF THE STUDENT IS IN THE CARE OF A GUARDIAN:**

8 I confirm that:

Is my daughter's guardian and will have the primary duty of care and therefore should be the College's first contact in matters related to discipline and progress at the College Yes No

9 How long has this arrangement been in place? _ _ Years _ _ Months

10 Is this a permanent arrangement? Yes No

11 What is the reason for this arrangement?

12 What is your home address?

*If any issues arise from the above information, the Board may wish to interview you to ensure the genuineness of the application. If your application for enrolment is declined, you may appeal the Board's decision by asking the Ministry of Education to direct the Board to enrol the student; application forms are available from the Ministry's local office. (Ref: Education Act s11.0, 11.0A and 11.P)**The Ministry of Education has advised that parents should be warned of the possible consequences of deliberately attempting to gain unfair priority in enrolment by knowingly giving a false address or making an in zone living arrangement which they intend to be only temporary, for example:*

- Renting accommodation in zone on a short-term basis; or
- Arranging temporary board in zone with a relative or family friend.

*The College may actively collect information to ensure that enrolment data provided is accurate.**If the College learns that a student is no longer living at the in zone address given at the time of application for enrolment, and has reasonable grounds to believe that a temporary in zone residence has been used for the purpose of unfairly gaining priority in enrolment at the College, then the Board may review the enrolment. Unless the parents can provide a satisfactory explanation within 10 days, the Board may annul the enrolment. This course of action is provided for under Section 11.0A of the Education Act 1989.**The address given at the time of application for enrolment must be the student's usual place of residence when the College is open for instruction. From time to time, parents who live outside the College's home zone submit enrolment application that incorrectly claim residence in the zone. Dishonest applications could constitute offences under the Crimes Act. For example, using a forged document, such as a doctored tenancy agreement, is a crime.*

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 IN ZONE APPLICATIONS (Please note that PO Boxes are not proof of In Zone Residence)

Living in Own Home: TWO recent original documents showing residence in zone:

Rates Notice AND one of the following:

Telephone Account Electricity/Gas Account

Living in Rented Home: TWO recent original documents showing residence in zone:

Signed copy of your Tenancy Agreement

A current rental agreement is acceptable to the Board for an In Zone application. Students should remain within the College zone for a least two years from the time the student starts at the College. Any change of address, either within or out of the zone, must be notified to the College immediately.

AND one of the following Electricity/Gas Account Telephone Account

Also to be included with your application:

Copy of Birth Certificate **OR** if not available, copy of Passport

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.

The Open Morning will be held in the Hall on Tuesday 21 June 2016 at 9.00am, 10.30am and 11.30am - **there is no need to register for any session** – feel free to attend whatever session time is suitable.

Enrolment applications are due on or before 1 August 2016.

WELLINGTON GIRLS' COLLEGE ENROLMENT SCHEME

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 (HARD COPY ONLY) 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

NOTIFICATION OF LEARNING NEEDS and CRITICAL MEDICAL DETAILS

Family Name:			
First Names:			
Date of Birth:	/	/	Previous School:

Please tick any of the conditions that apply. For 'other', please provide full description

Sensory	Medical	Physical	Learning
Vision	Attention Deficit	Arm/Hand	Reading
Hearing	Autism Spectrum	Back/Leg	Writing
	Depression	Head Injury	Slow Processing
	Anxiety	Dyspraxia	Diagnosed Specific Learning Disorder:
	Diabetes	Muscular/Neurological	
	Epilepsy	Cerebral Palsy	Dyslexia
	Tourette Syndrome	Other	Dysgraphia
	Other		Dyspraxia
			Dyscalculia
			Other

Fill in the time line below of what has happened, been diagnosed, treated, provided etc. Consider events or contributions by medical specialists, doctors and hospitals, physiotherapists, occupational therapists, psychologists, Level C assessors, Teacher Aide time, Speech/Language therapy, RTLB, RTLit, BLENNZ Resource Teachers, Special Assessment Conditions (SACs) etc

Age	Event/Action/Comment as appropriate

Continue on the back of this page if necessary

Please provide recent reports from the list of people above to Wellington Girls' College. Fill in details from these reports below.

Report 1 (write NA if not available)		Report 2 (write NA if not available)	
Written By:		Written By:	
Qualifications:		Qualifications:	
Date:		Date:	

If you have further documentation please provide this to Wellington Girls' College (can either be attached to this page, posted to the school or emailed to wgc.learningsupport@wgc.school.nz)