

Otago Girls' High School Application for Admission Year 10, 11, 12,13

(Please circle your level)



STUDENT DETAILS

SURNAME: _____

FIRST NAMES: *(Please underline the name used):* _____

RESIDENTIAL ADDRESS: _____

CONTACT PHONE: _____

MOBILE PHONE: _____

DATE OF BIRTH: _____

Day Month Year

PRESENT SCHOOL: _____

ETHNIC IDENTIFICATION: _____

IWI: _____

ACHIEVEMENTS AND INTERESTS

(Please attach to this application form, a copy of your latest school report and copies of relevant certificates. We cannot accept sample of work.)

FAMILY DETAILS

MOTHER'S TITLE: (Mrs, Ms, Dr etc.) _____

FULL NAME: _____

ADDRESS: _____

EMAIL: _____ MOBILE _____

PHONE: PRIVATE _____ WORK _____

OCCUPATION: _____

If the mother or a sister(s) has been a pupil at the school, please give the name and years of attendance: _____

OTHER CONNECTIONS: (i.e. Grandmother, Staff) _____

FATHER'S TITLE: (Mr, Dr etc.) _____

FULL NAME: _____

ADDRESS: _____

EMAIL: _____ MOBILE _____

PHONE: PRIVATE _____ WORK _____

OCCUPATION: _____

DUNEDIN CAREGIVER: (if relevant) _____

TITLE: (Mrs, Ms, Dr, Mr, etc.) _____

FULL NAME: _____

ADDRESS: _____

EMAIL: _____ MOBILE _____

OCCUPATION: _____

HEALTH CONCERNS

I request that (name) _____ be admitted to Otago Girls' High School. I have read the rules and requirements published in the Prospectus and acknowledge that if she is admitted, she, as a pupil, and I, as a guardian, are bound by these rules and requirements. I give my consent for the information provided on this form to be used by the school (including the Parent-Teacher-Student-Association) for school related purposes.

SIGNATURES

STUDENT: _____

MOTHER/GUARDIAN _____

DATE: _____

FATHER/GUARDIAN: _____

FOR OFFICE USE:

Date of Admission: _____

In Zone (tick) _____

Birth Certificate Sighted _____