

Other details

Present School:
School Address:
Include a photocopy of your latest school report and a letter of recommendation from your current school. Are you being assisted by an agent? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, state agent's name and address _____
Name of the English speaking adult who will act on your behalf: Contact details if not already stated on this form:
How did you hear about Napier Girls' High School?
Will you arrange insurance? Yes/No Do you wish Napier Girls' High School to arrange insurance on your behalf? Yes/No NB It is a condition of enrolment that the student has adequate travel and medical insurance before leaving for New Zealand
Academic programme required (please circle one) Pre-University (year 13) NCEA Level 2 (year 12) NCEA Level 1 (year 11) Year 10 Year 9 Preferred subjects (in order of preference) 1 _____ 2 _____ 3 _____ 4 _____ 5 _____ 6 _____ Date you wish to commence study at Napier Girls' High School _____ Date you wish to complete study at Napier Girls' High School _____

Accommodation

We require students from Year 9-11 live at the school boarding establishment, Hewett House. Year 12 and 13 may live in a homestay. All students may live with a designated caregiver- the person, usually a relative, is designated in writing by the parents of student. Students are not permitted to live in a flatting situation. Please tick the option you require: <input type="checkbox"/> Hewett House <input type="checkbox"/> Homestay <input type="checkbox"/> Designated Caregiver (please complete separate form)

Background

- Please write a letter to the Principal, to introduce yourself and explain why you want to attend our school. Either attach to this application, or send separately.

Brothers and Sisters

Name(s)	Age	Sex M/F	School/Occupation

List hobbies, interests, including sports you participate in, in order of importance to you.

Indicate the language(s) you speak and/or have studied.	
Language(s)	Years of Study
_____	_____
_____	_____

Medical

Indicate with an X if you have had any of the following illnesses.

	Yes	No		Yes	No		Yes	No
Asthma	<input type="checkbox"/>	<input type="checkbox"/>	Eczema	<input type="checkbox"/>	<input type="checkbox"/>	Rheumatic Fever	<input type="checkbox"/>	<input type="checkbox"/>
Cancer/Tumours	<input type="checkbox"/>	<input type="checkbox"/>	Hepatitis	<input type="checkbox"/>	<input type="checkbox"/>	Rubella	<input type="checkbox"/>	<input type="checkbox"/>
Chickenpox	<input type="checkbox"/>	<input type="checkbox"/>	Measles	<input type="checkbox"/>	<input type="checkbox"/>	Scarlet Fever	<input type="checkbox"/>	<input type="checkbox"/>
Convulsive Disorder	<input type="checkbox"/>	<input type="checkbox"/>	Migraine / Headaches	<input type="checkbox"/>	<input type="checkbox"/>	Thyroid	<input type="checkbox"/>	<input type="checkbox"/>
Diabetes	<input type="checkbox"/>	<input type="checkbox"/>	Mumps	<input type="checkbox"/>	<input type="checkbox"/>	Ulcer	<input type="checkbox"/>	<input type="checkbox"/>
Dyslexia	<input type="checkbox"/>	<input type="checkbox"/>	Nervous/Mental	<input type="checkbox"/>	<input type="checkbox"/>	Urological	<input type="checkbox"/>	<input type="checkbox"/>
Eating Disorder	<input type="checkbox"/>	<input type="checkbox"/>	Whooping Cough	<input type="checkbox"/>	<input type="checkbox"/>	Physical Handicaps	<input type="checkbox"/>	<input type="checkbox"/>

Are there any health conditions, i.e. allergies, your host family would need to take into consideration? If yes, please explain.

Are you required to take any prescription medications during your stay? Please specify which medications and for what condition.

Are you allergic to any medication? If so, give details

Do you have any special dietary requirements – e.g., vegetarian?

DECLARATION

I declare that the information provided is true and agree my daughter will abide by the school rules and regulations at all times.

I accept the right of the school to change my daughter's academic programme if this is considered to be in her best interests.

I have read, understood and signed the attached tuition agreement which shall apply if my daughter's application is successful.

Signature: _____
(parent)

Signature: _____
(student)

Date: _____

- ▶ For more information either write to, fax or e-mail the School Principal.
- ▶ Applications will also be accepted on photocopied versions of this form.
- ▶ If you are accepted by Napier Girls' High School you will be sent an "Offer of Place" form.

PLEASE RETURN THIS FORM TO:

The Principal

Napier Girls' High School

Clyde Road

Napier

New Zealand

Telephone: 0064-6-835-1069

Fax: 0064-6-835-8614

E-mail nghs@nghs.school.nz

Application for a place 2009