



NELSON COLLEGE FOR GIRLS

Te Kura Tamawāhine o Whakatū

NAME	PREVIOUS SCHOOL
YEAR LEVEL 9 10 11 12 13	BOARDER YES <input type="checkbox"/> NO <input type="checkbox"/>

Visit our
website to
enrol online

2024 Application for Enrolment



STUDENT DETAILS				
Legal Family Name		Legal First Name(s)		
Preferred First Name(s)		Student's Mobile Number		
Date of Birth		Start date (if not the beginning of the year)		
Siblings at NCG Yes <input type="checkbox"/> No <input type="checkbox"/> (If yes please give names)				
Ethnicity: (If Māori, please state Iwi)		NZ Citizen Yes <input type="checkbox"/> No <input type="checkbox"/>		
If not a NZ Citizen please complete	Country of Birth	Date of entry to NZ	Language(s) spoken at home	Gender Pronouns
HOUSE - NCG has a house system. Students are allocated to a house, however, if there is a preferred family connection with a specific house, please state here				
YEAR 9 ONLY				
Have you applied for enrolment at another school? <input type="checkbox"/>				
PRIMARY CAREGIVER(S)				
Dr/Mr/Mrs/Ms/Miss	Family Name		First Name	
Relationship to Student				
Phone	Home	Mobile	Work	
Email (To receive NCG communications ie newsletters, reports, accounts)			Account Payer Yes/No	
Dr/Mr/Mrs/Ms/Miss	Family Name		First Name	
Relationship to Student				
Phone	Home	Mobile	Work	
ADDRESS DETAILS	PHYSICAL ADDRESS		POSTAL ADDRESS (if different)	
Num and Street				
Rural Delivery Num				
Suburb				
Town		Postcode		Postcode
IF APPLICABLE				
SECONDARY CAREGIVER(S)				
Dr/Mr/Mrs/Ms/Miss	Family Name		First Name	
Relationship to Student				
Phone	Home	Mobile	Work	
Email (To receive NCG communications ie newsletters, reports, accounts)			Account Payer Yes/No	
Dr/Mr/Mrs/Ms/Miss	Family Name		First Name	
Relationship to Student				
Phone	Home	Mobile	Work	
ADDRESS DETAILS	PHYSICAL ADDRESS		POSTAL ADDRESS (if different)	
Num and Street				
Rural Delivery Num				
Suburb				
Town		Postcode		Postcode
Whai pono, whai pūmau, whai pūmahara e - Pietas Probitas Et Sapientia - Loyalty, honesty and wisdom				

EMERGENCY CONTACT (A person in addition to those already stated)			
Dr/Mr/Mrs/Ms/Miss	Family name	First name	
Relationship to Student			
Phone	Home	Mobile	Work

LEGAL ACCESS	
If a person <u>DOES NOT</u> have legal access to the student please provide a copy of the Court Order relating to the person named	
Name _____	Court Order attached (please tick) <input type="checkbox"/>

INVOICES & STATEMENTS (Please complete if these should go to a person other than the Primary/Secondary Caregiver)		
Name		Home phone
Postal address		
	Postcode	Email

HEALTH INFORMATION									
Medical Centre	Doctor								
<p><u>Medical Treatment</u> Parents/Caregivers enrolling a student at Nelson College for Girls give permission for the administration of first aid by staff with first aid training. A register is kept of the medication and treatment given. Students who require non-prescription medication on a semi-regular basis are encouraged to provide their own supply which will be held in the Student Office for their use only.</p> <p><u>Personal Medication</u> Do you require the College to hold and / or administer medication for your child? Yes <input type="checkbox"/> No <input type="checkbox"/> <i>If 'Yes' the College will make contact to confirm details.</i></p> <p>Is student allowed the following medication without contacting you first?</p> <p>Paracetamol Yes <input type="checkbox"/> No <input type="checkbox"/> Ibuprofen Yes <input type="checkbox"/> No <input type="checkbox"/> Antihistamine Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p><u>Health Conditions</u> Please list any health conditions the College should be aware of; both physical and mental</p> <table border="1"> <tr> <td>Condition <i>eg Asthma, allergies, anxiety</i></td> <td>Treatment <i>eg carries own inhaler (self-controlling), medication</i></td> </tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> </table>		Condition <i>eg Asthma, allergies, anxiety</i>	Treatment <i>eg carries own inhaler (self-controlling), medication</i>						
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VACCINATIONS					
Diphtheria	Yes <input type="checkbox"/>	No <input type="checkbox"/>	HPV	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Hepatitis B	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Whooping Cough	Yes <input type="checkbox"/>	No <input type="checkbox"/>
HIB	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Polio	Yes <input type="checkbox"/>	No <input type="checkbox"/>
MMR	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Pneumococcal	Yes <input type="checkbox"/>	No <input type="checkbox"/>
			Tetanus Yes <input type="checkbox"/> No <input type="checkbox"/>		
			Chicken Pox Yes <input type="checkbox"/> No <input type="checkbox"/>		
			Other		

OTHER INFORMATION/OUTSIDE AGENCIES (If applicable)
Please include any other special circumstances or information that we need to know, including any Outside Agencies that your student is working with e.g. CAMHS, Oranga Tamariki or RLTB Service. This could include access arrangements by another parent, learning difficulties, family circumstances or special assessment conditions. If you think it is relevant, let us know.

TE RUMAKI (MĀORI MEDIUM)
Would you like to be considered for Te Rumaki (Years 9 & 10 only) <input type="checkbox"/>

EDUCATION OUTSIDE THE CLASSROOM CONSENT	
This is a consent form for your child to participate in low risk routine and expected activities and environments which occur outside the classroom, including sport.	
Low risk activities and environments on school grounds	Parent / Caregiver consent given at the time of enrolment and not required for each specific event.
Low risk activities and environments on supervised local visits	Parent / Caregiver informed, however consent given at the time of enrolment and not required for each specific event.
I / we agree to the participation of _____ (student name) in Low Risk routine and expected events while they are a student at Nelson College for Girls.	
Signed _____ (Parent / Caregiver) Name _____ Date _____	

INFORMATION SHARING	
NCG is committed to keeping children healthy and safe. We may share information with appropriate agencies (such as health and educational providers or other agencies involved with your child's life) if sharing that information will protect or improve the safety, health or well-being of a child. NCG by law can always share information with Oranga Tamariki and the Police. Further information can be found in our Child Protection Policy on our website: www.ncg.school.nz .	

DIGITAL TECHNOLOGY AND ONLINE SAFETY USER AGREEMENT	
As a student of NCG and a member of our community, it is expected that students positively contribute towards making our school safe, respectful and fair on and offline. All students will be required to sign a Digital Technology and Online Safety User Agreement, a copy of which can be found on our website: www.ncg.school.nz	

PARENTS' / CAREGIVERS' UNDERTAKING	
For the purposes of the Privacy Act 1993, I/we hereby acknowledge:	
<div><div>1.</div><div>The information set out in this form has been provided voluntarily.</div></div> <div><div>2.</div><div>I / We had a choice as to whether to complete all parts of the form or not.</div></div> <div><div>3.</div><div>The information is being collected by the Board of Trustees of Nelson College for Girls for the purpose of providing a database of information relating to the future education, guidance, monitoring and reporting of the student's progress and pastoral care.</div></div> <div><div>4.</div><div>The information collected may be used for a variety of statistical and research purposes, while ensuring that no individual can be identified.</div></div> <div><div>5.</div><div>The information collected may be conveyed to the Old Girls' Association.</div></div> <div><div>6.</div><div>Nelson College for Girls is required to provide some personal information (ie name, current address, date of birth, gender, ethnicity or academic details) to specified agencies. These include other educational institutions and government agencies.</div></div> <div><div>7.</div><div>Photographs and videos taken of the student may be used by Nelson College for Girls for publications, on our school website or social media platforms.</div></div> <div><div>8.</div><div>I understand that NCG does not accept responsibility for loss or damage to personal property (either my child's or damage to other's property caused by my child) and that it is my responsibility to check my own insurance policy.</div></div> <div><div>9.</div><div>Parents may be contacted by the College electronically using the information provided.</div></div>	
I/we hereby agree to observe the conditions, expectations and PRIDE values of Nelson College for Girls.	
I / we have provided the College with up to date medical, supervision and learning information through the enrolment form and will endeavour to keep this information current.	
I/we understand that it is the responsibility of the student to catch up on any work missed due to being out of school for music lessons, camps, outdoor activities, sporting activities and cultural events.	
Signed _____ (Parent / Caregiver) Name _____ Date _____	

DOCUMENTS TO BE PROVIDED	
Please tick to confirm that you have included the following with your application	
<input type="checkbox"/>	1. Copy of most recent school report / learning conditions
<input type="checkbox"/>	2. Copy of New Zealand or Australian Birth Certificate or Passport
<input type="checkbox"/>	3. If NOT a New Zealand or Australian citizen – a copy of Student Visa/Permit
<input type="checkbox"/>	AND Parent/s Work Visa