

APPLICATION FOR ENROLMENT

Epsom House 2025



PLEASE TICK THE YEAR LEVEL FOR WHICH YOU ARE APPLYING

- Year 9
 Year 10
 Year 11
 Year 12
 Year 13

STUDENT'S DETAILS:

Family Name:		Date of Birth:	
First Names:		Preferred Name:	
Country of birth:			
Citizenship:		First Language:	
Have you attended school overseas? <input type="checkbox"/> Yes <input type="checkbox"/> No		If not New Zealand born – Date of first arrival in New Zealand:	
Home Address:		Suburb:	Post Code:
Student's Email:		Mobile Phone:	Home Phone:
Current School:			Current Year Level:
Tick ONE Box:	<input type="checkbox"/> NZ Citizen	<input type="checkbox"/> Permanent Resident	<input type="checkbox"/> Student permit holder <input type="checkbox"/> Other
Name of sister currently at EGGs:			Year Level:
Name and years of attendance of sister previously at EGGs:			Years:
Has a sister applied for enrolment at EGGs for 2025? <input type="checkbox"/> Yes <input type="checkbox"/> No		Year Level:	

ETHNICITY

Please tick as appropriate (up to 3)

MAORI

Iwi Affiliation: If the student is of New Zealand Maori descent please enter the name(s) of the student's iwi. You may enter more than one iwi. If you do not know the iwi, please refer to http://archive.stats.govt.nz/tools_and_services

1. 2. 3. Don't know

EUROPEAN	ASIAN	PASIFIKA	OTHER
<input type="checkbox"/> Australian	<input type="checkbox"/> Cambodian	<input type="checkbox"/> Cook Island Maori	<input type="checkbox"/> African
<input type="checkbox"/> British	<input type="checkbox"/> Chinese	<input type="checkbox"/> Fijian	<input type="checkbox"/> Latin American/Hispanic
<input type="checkbox"/> Dutch	<input type="checkbox"/> Fijian Indian	<input type="checkbox"/> Niuean	<input type="checkbox"/> Middle Eastern
<input type="checkbox"/> Irish	<input type="checkbox"/> Filipino	<input type="checkbox"/> Samoan	<input type="checkbox"/> Other
<input type="checkbox"/> German	<input type="checkbox"/> Indian	<input type="checkbox"/> Tokelauan	
<input type="checkbox"/> Greek	<input type="checkbox"/> Japanese	<input type="checkbox"/> Tongan	
<input type="checkbox"/> Italian	<input type="checkbox"/> Korean	<input type="checkbox"/> Other Pacific peoples	
<input type="checkbox"/> NZ European	<input type="checkbox"/> Sri Lankan (state)	
<input type="checkbox"/> Polish	<input type="checkbox"/> Vietnamese (state)	
<input type="checkbox"/> South African	<input type="checkbox"/> Other Asian (state)	
<input type="checkbox"/> South Slav	<input type="checkbox"/> Other SE Asian (state)	
<input type="checkbox"/> Other European			
..... (state)			

Further Ethnic Description (Please expand on the above if necessary – for example Bosnian, Iranian, Taiwanese etc.)

Do you have Refugee Status? (Evidence required) Yes No

(This information is needed for determining the School's funding allocation.)

MOTHER'S DETAILS:

Title:	First Name:	Surname:
Living with student: <input type="checkbox"/> Yes <input type="checkbox"/> No	Shared care: <input type="checkbox"/> Yes <input type="checkbox"/> No	Access: <input type="checkbox"/> Yes <input type="checkbox"/> No
Telephone (Home):	Work:	Mobile:
Home Address:	Suburb:	Post Code:
Email for school contact:		
Tick ONE Box: <input type="checkbox"/> NZ Citizen	<input type="checkbox"/> Permanent Resident	<input type="checkbox"/> Work permit holder <input type="checkbox"/> Other

FATHER'S DETAILS:

Title:	First Name:	Surname:
Living with student: <input type="checkbox"/> Yes <input type="checkbox"/> No	Shared care: <input type="checkbox"/> Yes <input type="checkbox"/> No	Access: <input type="checkbox"/> Yes <input type="checkbox"/> No
Telephone (Home):	Work:	Mobile:
Home Address:	Suburb:	Post Code:
Email for school contact:		
Tick ONE Box: <input type="checkbox"/> NZ Citizen	<input type="checkbox"/> Permanent Resident	<input type="checkbox"/> Work permit holder <input type="checkbox"/> Other

**ADDITIONAL CAREGIVER
(e.g. Legal guardian or partner of mother or father)**

Title:	First Name:	Surname:
Relationship to Student:		
Telephone (Home):	Work:	Mobile:
Home Address:	Post Code:	
Email for school contact:		

**ADDITIONAL CAREGIVER
(e.g. Legal guardian or partner of mother or father)**

Title:	First Name:	Surname:
Relationship to Student:		
Telephone (Home):	Work:	Mobile:
Home Address:	Post Code:	
Email for school contact:		

EPSOM HOUSE GUARDIAN*This needs to be an **Auckland based** emergency contact*

Title:	First Name:	Surname:
Relationship to Student:		
Telephone (Home):	Work:	Mobile:
Home Address:	Post Code:	
Email for school contact:		

BACKUP EMERGENCY CONTACT*This can be the same as the Epsom House Guardian*

In the event of an emergency the school will contact the parents/caregivers listed above. Please provide details of another person (i.e. family member or friend) who can be called if no response from caregivers is received.

Families for whom English is a second language may choose to nominate a family member or friend who can assist with translation.

Title:	First Name:	Surname:
Relationship to Student:		
Telephone (Home):	Work:	Mobile:

COMMUNICATION WITH PARENTS (ALL) AND CAREGIVERS

We welcome the involvement of parents and caregivers in the school community.

The school has a policy to communicate with both parents and day to day caregivers unless there are court orders preventing this.

ENROLMENT QUESTIONNAIRE

- 1. Name of your nearest primary/secondary school?.....
- 2. How far is your home from the nearest post primary/secondary school?
- 3. How far are you from transport to the nearest post primary/secondary school?.....
- 4. Is there another member of the family who is currently boarding (or who has boarded)? Yes No
- 5. If so, where does/did she/he board?.....

6. Which schools do your other school age children attend?

Student name	School
.....
.....

- 7. Are there any specific access/custody orders that the school should be aware of? Yes No
If "yes" please provide a copy

8. Involvement in co-curricular activities: (please list)

2022

.....

2023

.....

9. What responsibilities and/or leadership roles have you had in the last 2 years?

2022

.....

2023

.....

10. How did you find out about Epsom House?

From your local newspaper (please name) From the internet From a friend or relative

11. Are there any medical or other issues that could impact on the boarding experience? Yes No

If "yes" please provide details:

.....

.....

12. **If you are a guardian:**

- i. Do you have documentation showing legal guardianship? Yes No
- ii. What is the reason for the arrangement?
- iii. Is this permanent? Yes No
- iv. Who will be the first point of contact for the school on educational and discipline matters?
.....
- v. Who will make decisions about the student's welfare, including approval for medical treatment and tests?
.....

AUTHORITY TO RELEASE INFORMATION

My daughters full home address(es) and school(s) attended over the last five years is (are) correctly set out below.

	Home Address of Student	School Attended
2024		
2023		
2022		
2021		
2020		

I understand that Epsom Girls Grammar School may request information from the above schools for the purpose of:

- (i) ascertaining the learning needs, conditions, or any special circumstances relating to my daughter
 - (ii) verifying my daughter's residential address
- and accordingly I authorise the release of that information.

Signature of Parent(s) or Guardian(s): _____ Date: _____

I understand that students accepted into Epsom House under the Home Zone criteria will be expected to remain living within the Home Zone while attending the school.

Signature of Parent(s) or Guardian(s): _____ Date: _____

REQUEST FOR ADMISSION TO EPSOM HOUSE

I request that _____ be admitted as a boarder to Epsom Girls Grammar School.

Signature of Parent(s) or Guardian(s): _____ Date: _____

Should I be accepted as a member of Epsom House Community, I undertake to conform to the rules and regulations set out in the Epsom House Handbook.

Signature of Student: _____ Date: _____

PRIVACY OF INFORMATION

1. We declare that the information contained in this application is true and correct. We understand that any false or incomplete information submitted in support of this application may invalidate this application and may result in the withdrawal of an offer of enrolment. We agree that we have received sufficient information to make an informed decision about enrolment at the School.
2. We understand that information which is requested by the School and Epsom House is held at the offices in Silver Road, and in some cases 21 Owens Road, and will be used for the following purposes:
 - To facilitate the operation and administration of the school.
 - To maintain contact with parents.
 - To provide information to the EGGs Development Office, EGGs Foundation, EGGs Old Girls Association, Ministry of Education (including the ENROL national database), NZ Qualifications Authority, Special Education Services, Ministry of Social Development (contact details of school leavers) and other agencies pursuant to statutory requirements (e.g. Oranga Tamariki Act 1989, Children and Young People's Well-being Act 1989, Vulnerable Children Act 2014, Harmful Digital Communications Act 2015).
 - In an emergency, information from the file may be given to an agency such as the Police or Doctor.
3. We agree to the information being used for these purposes. We understand that access to this information will be granted in accordance with the Privacy Act 2020 and the Official Information Act 1982 provided reasonable notice is given and that we may request the correction of any inaccurate information.
4. We understand that the School and Epsom House will follow the Information Privacy Principles in the Privacy Act 2020 relating to the collection, storage, use and disclosure of personal information.

N.B. Parent(s) and student signatures are required.

Signature of Parent(s): _____ Date: _____

or Guardian(s): _____ Date: _____

Signature of student: _____ Date: _____