



APPLICATION FOR ENROLMENT

INFORMATION SHEET AND CHECKLIST

APPLYING FOR EPSOM HOUSE IN 2026 AND EPSOM GIRLS GRAMMAR SCHOOL

CHECKLIST (please ☒ and present with application)

PROOF OF IDENTITY:		Office use
1A.	FOR STUDENTS BORN IN NZ BEFORE 1 JANUARY 2006: Full Birth Certificate <input type="checkbox"/>	<input type="checkbox"/>
1B.	FOR STUDENTS BORN IN NZ AFTER 1 JANUARY 2006: Full Birth Certificate with confirmation of citizenship or permanent residency <input type="checkbox"/>	<input type="checkbox"/>
1C.	FOR STUDENTS BORN OUTSIDE NZ: (i) NZ Citizens: <input type="checkbox"/> Full Birth Certificate (with official translation if not in English) NZ passport or citizenship certificate <input type="checkbox"/> (ii) All other nationalities: <input type="checkbox"/> Full Birth Certificate (with official translation if not in English) <input type="checkbox"/> Passport and personal details page <input type="checkbox"/> Entry stamp showing date of first entry to NZ <input type="checkbox"/> and (a) Residency permit or <input type="checkbox"/> (b) Student permit, together with parent's passport and work permit <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

GENERAL:		Office use									
2.	A \$150 fee for administration costs is requested. Payment can be made by:- i) internet banking (Our account no. is: BNZ 02-0100-0380450-00.) <input type="checkbox"/> ii) or cash enclosed with the application <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>									
<table border="1"> <thead> <tr> <th>Particulars</th> <th>Code</th> <th>Reference</th> </tr> </thead> <tbody> <tr> <td>Name</td> <td>EH Fees</td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> </tr> </tbody> </table>		Particulars	Code	Reference	Name	EH Fees					
Particulars	Code	Reference									
Name	EH Fees										
3.	Small recent photograph - passport size <input type="checkbox"/>	<input type="checkbox"/>									
4.	Ethnicity selected (page 2) <input type="checkbox"/>	<input type="checkbox"/>									
5.	Backup emergency contact details entered (page 2) <input type="checkbox"/>	<input type="checkbox"/>									
6.	Parent <u>and</u> student have <u>signed</u> the application (page 4) <input type="checkbox"/>	<input type="checkbox"/>									
7.	Letter completed by student applying explaining reason for application <input type="checkbox"/>	<input type="checkbox"/>									
8.	Most recent school report (with official translation if not in English). <input type="checkbox"/>	<input type="checkbox"/>									
9.	NCEA results or formal qualifications (Years 11-13) <input type="checkbox"/>	<input type="checkbox"/>									
10.	SEPARATE HOUSEHOLDS If parents live in separate households please provide: i) written confirmation from both parents of the care and custody arrangement, how long it has been in place and your future intentions <input type="checkbox"/> ii) any relevant custody agreement or order <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>									

- **WE WILL CONFIRM RECEIPT OF YOUR APPLICATION BY EMAIL. PLEASE FEEL FREE TO CONTACT US IF YOU HAVE NOT RECEIVED OUR CONFIRMATION WITHIN 7 DAYS OF LODGEMENT.**
- **APPLICATIONS WILL BE PROCESSED ONCE ALL DOCUMENTATION IS RECEIVED.**

When the application form has been completed, please email to: Celeste Cotter ccotter@eggs.school.nz Epsom House Administrator. Alternatively, you can deliver to the school office or post to:

Epsom House Boarding Administrator
Epsom Girls Grammar School
Silver Road, Epsom
Auckland 1023

NOTES:



APPLICATION FOR ENROLMENT

Epsom House 2026

Please attach
photograph here

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:

FIRST PARENT 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:	Postcode:	
Email for school contact:				
Tick ONE Box:	<input type="checkbox"/> NZ Citizen	<input type="checkbox"/> Permanent Resident	<input type="checkbox"/> Student permit holder	<input type="checkbox"/> Other

SECOND PARENT 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:	Postcode:	
Email for school contact:				
Tick ONE Box:	<input type="checkbox"/> NZ Citizen	<input type="checkbox"/> Permanent Resident	<input type="checkbox"/> Student 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

- Name of your nearest primary/secondary school?.....
- How far is your home from the nearest post primary/secondary school?
- How far are you from transport to the nearest post primary/secondary school?.....
- Is there another member of the family who is currently boarding (or who has boarded)? ☐ Yes ☐ No
- If so, where does/did she/he board?
- Which schools do your other school age children attend?

Student name	School
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)
2023
.....
2024
.....
9. What responsibilities and/or leadership roles have you had in the last 2 years?
2023
.....
2024
.....
10. How did you find out about Epsom House?
From your local newspaper (please name) From the internet ☐ From a friend or relative ☐
11. **Mental Health History**
i. Have they ever received treatment for mental health issues? ☐ Yes ☐ No
If "yes" please provide details:.....
.....
ii. Has / is your student receiving support for an eating disorder? ☐ Yes ☐ No
If "yes" please provide details:.....
.....
iii. Do they have any specific safety concerns (bullying, harassment, etc.) that we should be aware of?
.....
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
2025		
2024		
2023		
2022		
2021		

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 EGGGS Development Office, EGGGS Foundation, EGGGS 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: _____