



EPSOM GIRLS GRAMMAR SCHOOL

International Student Application

Please glue
photograph
within this
space

YEAR FOR WHICH APPLICATION MADE: 2 _____

TERM WHEN YOU WISH TO BEGIN _____

LENGTH OF PROPOSED STAY _____

PLEASE CIRCLE THE YEAR LEVEL AT WHICH YOU WISH TO BEGIN

Y9

Y10

Y11

Y12

Y13

STUDENT'S DETAILS

Family Name: First Names:

Preferred Name: Date of birth:/...../.....
day month year

Address: (home country) Telephone No (Home): ()

..... Fax No: (Home) ()

..... Mobile: ()

Email:

Place of birth: Nationality:

Passport Number: Country of issue: Expiry Date

Present school and class:

Previous schools attended:

First language:

Number of years studying English:

Subjects being studied this year (indicate which subjects are taught in English)

I would like to study the following subjects at your school:

When I leave school I intend to study further for (state qualifications aimed at, e.g. a university degree in (subject), a polytechnic degree/certificate/diploma in (subject), teacher training.

FATHER'S DETAILS

Father's Name:

Father's occupation:

Father's address (if different from student)

Telephone No: ()

Work No: ()

Mobile No: ()

Email:

MOTHER'S DETAILS

Mother's Name: Mrs / Ms

Mother's occupation:

Mother's address (if different from student)

Telephone No: ()

Work No: ()

Mobile No: ()

Email:

For office use only:

Waiting List:

Offered Place:

Leaving Date:

Entry Date:

App Fee Paid:

Date Recd:

ACCOMMODATION ARRANGEMENTS

There are 4 options available. Please circle the one you prefer:

1. (a) I would like to apply for a place at Epsom House (*the EGGS Boarding Hostel*) Yes / No
(b) If there are no vacancies at Epsom House would you consider a place with a homestay family? Yes / No

OR

2. I would like to apply for a place in a homestay organised by the school. Yes / No

OR

3. I will be living with my parents Yes / No

Parents' Names:

Address:

Telephone No: Fax No:

Email:

OR

4. I will live with the following designated caregiver: (**Note:** A designated caregiver is required to be either a relative or a close family friend).

Name: Mr / Mrs / Ms

Address:

Telephone Number: Fax No:

Email:

Relationship of designated caregiver to student (Please tick appropriate box)

Relative ☐ Close family friend ☐

Your homestay home needs the school's approval. If you are arranging your own accommodation, this section must be completed and a visit will be made prior to your entry to Epsom Girls Grammar School. You and your designated caregiver will also be required to sign forms to verify your living arrangements. (These forms will be sent to you if the school is able to offer you a place).

Note: All students will be required to pay the administration fee of \$450.00.

SUPPORT PERSON IN AUCKLAND

I have a support person in Auckland Yes / No

Relationship to student: e.g. family friend, relative

Name: Mr / Mrs / Ms

Address:

Telephone number: Fax No:

Email:

MEDICAL INFORMATION

Has this student ever suffered from:

Measles yes/no Mumps yes/no Chicken-pox yes/no Whooping Cough yes/no
Poliomyelitis yes/no Epilepsy yes/no Diabetes yes/no Hepatitis B yes/no
Rheumatic Fever yes/no Asthma yes/no Tuberculosis yes/no

Does the student suffer from any allergies? Yes No

If the answer is yes, what allergies does she suffer from (e.g. hay fever, food allergies, pet allergies, other)?

Is the student taking medication for any of the above, if so, please list:

Does she suffer from any other medical condition or disability? Yes No

If the answer is yes, please explain

Is she taking any medication for this? yes / no **Medication's Name:** _____

Does she have any difficulty with her sight yes / no; hearing yes / no

Operations: _____ Date/s _____

Do you have any other health, dietary, physical or emotional condition(s) that we should know about?

HEALTH STATEMENT

All students should have completed their Childhood Immunisation Programme before commencing secondary school. Has your daughter had the following vaccinations?

M.M.R. (Measles, Mumps, Rubella)	<input type="checkbox"/> _____ (year)	Hepatitis B	<input type="checkbox"/> _____ (year)
Poliomyelitis (oral)	<input type="checkbox"/> _____ (year)	Tetanus	<input type="checkbox"/> _____ (year)
Tuberculosis	<input type="checkbox"/> _____ (year)	Whooping cough	<input type="checkbox"/> _____ (year)
Vaccination dates not known	<input type="checkbox"/>	Not stated	<input type="checkbox"/>

HOW DID YOU FIND OUT ABOUT THIS SCHOOL?

- (a) From an Education Agency (name).....
- (b) From the NZ Embassy or High Commission
- (c) From a friend or relative
- (d) From Website (specify which).....

CHECKLIST: Have you attached the following documents to this application?

	Document	Checked
1.	Completed Application Form	
2.	Photocopy of Passport	
3.	Photocopy of latest school report	
4.	2 character references	
5.	Handwritten statement in English	
6.	2 recent photos (Passport size)	
7.	Completed Language Test (If Requested)	
8.	Application fee - \$100.00 (non-refundable)	

Please ensure that your application is complete as an incomplete application will be returned to the sender without being processed.

Completed applications to be sent to:

Mr Peter Verner
Deputy Principal
Epsom Girls Grammar School
Silver Road
Epsom
Auckland
NEW ZEALAND

All original documents should be photocopied and verified by a suitable qualified legal authority (e.g. Lawyer, Justice of the Peace, School Principal).

Applicant's signature

Parent's signature

Date

Disputes: In the event of any dispute New Zealand law and the jurisdiction of New Zealand courts will apply.