Application for Admission to Innes House - Local Student

STUDENT DETAILS			Current Stude	nt New St	udent	
Family name						
Given Names			Preferred Name			
PROPOSED ENTRY TO INNES HOUSE						
Year of entry 20	Year Level	9	10 11 12 13	Term 1 2	3 4	
Short Term Dates if applicab	le Start Date		Finish Date	e		
FAMILY INFORMATION						
Mother / Step Mother / C	Guardian					
Father / Step Father / Gu	ıardian					
STUDENT LIVES WITH						
Both parents Fatl	ner Mother	Shared	Other			
If other, please provide na	ame					
Relationship to applicant						
EMERGENCY CONTACT	N NEW ZEALAN	D _				
Name in full						
Address						
Phone (Home)			Phone (Mobile)			
Email						
CAREGIVER IN NEW ZEALAND IF PARENTS LIVE OVERSEAS						
Please note: Innes House is closed during the school holidays and one exeat weekend per term. Parents must make school approved accommodation arrangements for their daughter for these times.						
A student who boards at Innes House must have a caregiver living in the greater Auckland region. They are expected to (at least) take an active interest in the life of the student, to make suitable leave and accommodation arrangements during school holidays and exeat weekends, to be able to assist with any emergency arrangements and to assist with transport to and from the airport when required.						
I, the undersigned parent of the above named student hereby nominate:						
Full Name						
Address						
Phone (Home)			Phone (Mobile)			
Email						
Relationship to Student						
as caregiver for my daughter in New Zealand. I acknowledge that the appointment of the above named person is subject to the approval of Diocesan School for Girls. I understand that providing misleading information or failure to inform the School of any change in the caregiver details may affect her enrolment at the School.						
Diocesan School for Girls					m the	
Diocesan School for Girls					m the	
Diocesan School for Girls	the caregiver deta			he School.	m the	
Diocesan School for Girls School of any change in t	the caregiver deta	ails may a	offect her enrolment at t	he School. Guardian		

HEALTH		
Does your daughter have any significant medical history (such as severe allergies, asthma, diabetes, seizures)?	Yes	☐ No
If yes, please specify below:		
Any special dietary needs:		

DECLARATION

We confirm this application is true and accurate and understand that our daughter's admission to Innes House can only be considered after she has been offered a place at Diocesan School for Girls.

Where Diocesan School seeks consent of a parent/guardian for my daughter to participate in any school activity or day trip I authorise the Boarding Director or Duty Housemistress of Innes House to provide that consent as they see fit.

Notice of withdrawal from Innes House. Twelve weeks' written notice of intention to withdraw your daughter from boarding is required. This written notification must be addressed to the Boarding Director. For withdrawal at the end of the school year, notice is required by the last day of Term 3. Fees are payable over the notice period. Where no notice or insufficient notice is given, a fee of up to one quarter's annual boarding fee will be charged.

Signature of Parent / Guardian	Signature of Parent / Guardian
Date	Date

PLEASE RETURN COMPLETED FORM TO

admissions@diocesan.school.nz