

ENROLMENT APPLICATION

Please complete this form **before** the interview and bring it along with:

1. **Proof of in-zone residential address** (e.g. *phone/power account, rates notice, rental agreement*)
2. Learner's **ORIGINAL** birth certificate or passport and residency status/student permit details.
3. A copy of the learner's most recent **school report. (Years 8 – 13 only)**
4. Proof of Immunisation (e.g. *Plunket book or print out from your G.P.*)

LEARNERS DETAILS

Legal Surname: _____ Legal First Name (s): _____

Preferred First Name: (if different from legal name) _____ Gender: M / F

Country of Citizenship: _____ Country of Birth: _____

Date of Arrival in NZ (if not NZ born) DD/MM/YYYY _____ Permit (Type) _____

Date of Birth: / / Current School Year: _____ Learners Mobile No.: _____

Ethnicity: 1. _____ 2. _____ 3. _____

Iwi: 1. _____ 2. _____ 3. _____

Street Address: _____ Suburb: _____

Postcode: _____ Other Address: PO BOX: _____ Postcode: _____

Previous School: _____ Region: _____

PRIMARY CAREGIVERS (MAIN RESIDENCE)

Name: _____

Relationship: _____

Responsibility: Y/N Tel: HOME: _____

Tel: WORK: _____ MOBILE: _____

Email: _____

Address (as above): _____

(Newsletter will be sent via email)

Name: _____

Relationship: _____

Responsibility: Y/N Tel: HOME: _____

Tel: WORK: _____ MOBILE: _____

Email: _____

Address (as above): _____

SECONDARY CAREGIVERS (SECONDARY RESIDENCE)

Name: _____

Relationship: _____

Responsibility: Y/N Tel: HOME: _____

Tel: WORK: _____ MOBILE: _____

Email: _____

Address: _____

Name: _____

Relationship: _____

Responsibility: Y/N Tel: HOME: _____

Tel: WORK: _____ MOBILE: _____

Email: _____

Address: _____

Other Emergency Contacts: NAME(s): _____

Relationship: _____ TEL: Home _____ TEL: Mobile _____

Please complete attached Health Form

Completed: Y/N

SIBLINGS AT COLLEGE

Name: _____ Year Level: _____

Name: _____ Year Level: _____

PARENT / GUARDIAN DECLARATION

- I wish to enrol this child at Whangaparaoa College and acknowledge the educational philosophy outlined below and in the College prospectus.
- I confirm that the information given on this form is true and correct.
- I understand that the information provided may be used for school and Board of Trustees activities, and can be passed to other agencies who work with the school for educational purposes.
- I understand this child's educational records may be requested from previous schools, and passed on to subsequent schools.
- I am aware that I am welcome to view this child's College records.
- I understand that the College provides a full range of counselling and support services, and that this child may access these services if they wish.
- I will support the school in all aspects of its responsibilities and rights, including the wearing of correct school uniform.
- I will comply with the ICT User Agreement and Home Learning Guidelines.
- I give my consent for:
 1. This child to participate in supervised College trips within walking distance of the College without specific notification being sent home.
 2. The College, in cases of illness, emergency or accident when I cannot be contacted, to arrange for this child to be taken to an Emergency/Medical Service. I agree to meet any costs incurred for the treatment and/or transport of this child to receive medical attention.

PLEASE TICK:

If you do not want your child's image and name used in both electronic and printed College and community publications. (e.g. College website, newsletter, local paper)

- I have included: *(tick, cross or N/A)*

- | | |
|---|---|
| <input type="checkbox"/> LEARNER'S ORIGINAL BIRTH CERTIFICATE OR PASSPORT | <input type="checkbox"/> PROOF OF IMMUNISATION |
| <input type="checkbox"/> PROOF OF IN-ZONE ADDRESS | <input type="checkbox"/> DETAILS OF SEVERE MEDICAL CONDITIONS |
| <input type="checkbox"/> A RECENT SCHOOL REPORT (Years 8-13) | <input type="checkbox"/> PROOF OF ACCESS RESTRICTIONS |

I understand and agree to the terms and conditions outlined in the above declaration and in the College Prospectus.

Parent/Guardian name: _____ **Date:** / /

Signature: _____

LEARNER DECLARATION

While a learner at Whangaparaoa College, I will follow the college responsibilities and rights. This includes being respectful to others, letting others learn, arriving to school and class on time, attending regularly, wearing the correct uniform in the correct manner, bringing the correct equipment for all classes and activities, and doing my best to be a credit to the College.

Learner signature: _____ **Date:** / /