



# WAIUKU COLLEGE

## Application for Enrolment

Please bring copy of \ original Birth Certificate \ current valid Passport \ or evidence of Residency Status

### **IMPORTANT NOTE**

If enrolling for the first time in a NZ school please complete the Eligibility Criteria and Verification Documents.

## Particulars of Student

Year Level:  Year 9     Year 10     Year 11     Year 12     Year 13    Gender:  Male     Female

Last Name  NZ Birth Certificate No or

Official First Names  NZ Passport No    or   

First Name Used  Other Passport - Country

Address  Other Passport - No

Visa  
Details:

Home Phone  Cell Phone

Date of Birth  Country of Birth

Ethnicity:  NZ European\Pakeha  
 Maori (please state your Iwi Affiliation) >   
 Other Ethnicity (please state) >

1<sup>st</sup> Language

Previous School

Normal Transport to School:  Walk     Bike     Car\*     Bus    *\* You need school permission to drive a car, or ride in a car driven by another student.*

School Bus (if applicable)  Aka Aka / Otua     Awhitu     Glenbrook / Pukeoware     Taurangaruru / Te Toro

Is the enrolling student the eldest in the family at Waiuku College?  Yes     No

Siblings at *THIS* school: Name  Year Level

Name  Year Level

Interests: Sporting

Cultural

Other

# Particulars of Parents\Guardians

## Particulars of Female Parent \ Guardian

Living with student

Yes

No

Last Name

Mrs / Ms / Miss

(Please circle one)

First Name

Relationship to Student

Address:

Home Phone

Cell Phone

Email

Occupation

Work Phone

Work Place

## Particulars of Male Parent \ Guardian

Living with student

Yes

No

Last Name

First Name

Relationship to Student

Address:

Home Phone

Cell Phone

Email

Occupation

Work Phone

Work Place

## Contact Person in Event of an Emergency if Parent \ Guardian are not available

Last Name

Mrs / Ms / Miss

First Name

Relationship to student

Daytime Phone

Cell Phone

## Any Other Caregiver

Full Name

Relationship to student

Daytime Phone

Cell Phone

## CYFS \ Support Person (if applicable)

Full Name

Phone

Detail

## Any Special Family Circumstances (eg. Restricted contact)

Detail

## Parent \ Guardian Declaration

I agree to allow photos / digital images of my son/daughter to be used in promotional material for the College, including the School Magazine.

In support of my child / ward's application for enrolment at Waiuku College I confirm that I agree to see that my child abides by the rules, regulations and dress code of the school, and that he/she accepts the authority of staff.

I will advise the school of any subsequent change of address / telephone number / cell phone number / email etc.

PRIVACY: I give permission for the Principal of Waiuku College or his nominee to obtain from previous schools, information relevant to this application.

I am / am not prepared to pay a school activities donation of \$100 per student (or \$150 per family)

(please circle one)

Signed: .....

Date: .....

*Parent / Guardian*

## Student Declaration

While at Waiuku College I agree to follow the school rules, regulations and dress code of the school, and will accept the authority of staff.

Signed: .....

Date: .....

*Student*

## SCHOOL USE ONLY

First day of attendance at Waiuku College

...../...../.....

Group

Level	Subject

Level	Subject

Enrolling Officer's Signature: .....

Date:.....

**PTO**

## Medical Details

Name of Doctor   
Phone No

Address

Name of Dentist   
Phone No

Address

**OR** Please enrol my child with the onsite School Dental Programme – Mighty Mouth Dental  Please tick if desired

**NOTE: All children are entitled to free dental care up until their 18<sup>th</sup> birthday**

Please tick the boxes below if your son/daughter suffers any of the following medical conditions:

- |   |                                      |  |                                    |   |  |                                    |
|---|--------------------------------------|--|------------------------------------|---|--|------------------------------------|
| <input type="checkbox"/> ADD              | <input type="checkbox"/> ADHD        | <input type="checkbox"/> Allergies       | <input type="checkbox"/> Anaemia   | <input type="checkbox"/> Asthmatic      | <input type="checkbox"/> Autism          | <input type="checkbox"/> Back/Neck |
| <input type="checkbox"/> Bee Stings       | <input type="checkbox"/> Convulsions | <input type="checkbox"/> Cystic Fibrosis | <input type="checkbox"/> Diabetes  | <input type="checkbox"/> Dyslexic       | <input type="checkbox"/> Epilepsy        | <input type="checkbox"/> Fainting  |
| <input type="checkbox"/> Glandular Fever  | <input type="checkbox"/> Hayfever    | <input type="checkbox"/> Head Injury     | <input type="checkbox"/> Headaches | <input type="checkbox"/> Hearing Defect | <input type="checkbox"/> Heart Condition | <input type="checkbox"/> Hernia    |
| <input type="checkbox"/> Hepatitis A or B | <input type="checkbox"/> Other >     | <input type="text"/>                     |                                    |   |  |                                    |

Regular Medication - For those students who have a medical condition and require regular medication, it is advisable to leave a supply of their medication with the school first aid person. eg. Antihistamines for bee/wasp stings, or medication for migraines etc. Please arrange this through the school office.

## Special Needs

Does the student have a physical condition that might affect classroom learning, eg hearing loss, need for glasses, motor skills loss etc?

Yes  No If you ticked YES please explain:

For other learning or behavioural needs, we have included a separate optional form that parents can complete. We also consult closely with both the RTLB and Year 8 teachers to produce a comprehensive profile of the student, their abilities and their needs.

## Health Statement

Has your son/daughter had the following vaccinations: *Please tick box if YES.*

- |   |  |                                     |
|---|--|-------------------------------------|
| <input type="checkbox"/> MMR (Measles, Mumps and Rubella) | <input type="checkbox"/> Tetanus (in which year) _____ | <input type="checkbox"/> Polio Sips |
| <input type="checkbox"/> Hepatitis B (3 injections)       | <input type="checkbox"/> Tuberculosis                  | <input type="checkbox"/> Other      |

IN CASE OF AN ACCIDENT OR EMERGENCY if the school CANNOT CONTACT YOU, or if the illness is serious, the School Nurse may need to take your son/daughter to an Accident and Emergency Clinic, or to a Doctor.

I give permission for the school to make such arrangements as are necessary for the treatment of my son/daughter in an emergency and agree to meet any costs incurred.

Signed:

Parent \ Guardian

Date: