



WAIMEA COLLEGE

Application for Enrolment

Nau mai Haere mai ki te Kareti o Waimeha

Student Details			
Student's Legal/Last Name: <i>Eg JONES as per birth certificate</i>			
Student's Legal First Name(s): <i>Eg Christopher John</i>			
Student's Preferred Name: <i>Eg Chris JONES</i>			
Date of Birth:	____ / ____ / ____ <i>Day Month Year</i>	Gender:	<input type="checkbox"/> Female <input type="checkbox"/> Male
Student will be starting at Waimea College in Year Level: <i>(please circle one)</i> 9 10 11 12 13			
Date student is expected to start at Waimea College:		Home Phone:	
Mail to Whom: <i>(for official letters and invoices)</i> <i>Eg Mr W and Mrs C Friend</i> _____			
Main Email Address: _____			
Address: <i>(Include Emergency Services or Rapid number for Rural Addresses)</i>	Physical Address		Postal Address
	Num / Street:		
	Rural Delivery:		
	Suburb:		
	Town:		
	Postcode:		
An Ethnic Group is required by the Ministry of Education for statistical purposes. Please tick one or more.			
<input type="checkbox"/> Maori Iwi 1. _____ 2. _____ 3. _____ (If you do not know the name of your Iwi, please tick) <input type="checkbox"/> do not know (There is a copy of the 'Iwi Affiliation Reference Sheet' at the College Reception if you need assistance).			
<input type="checkbox"/> NZ European / Pakeha <input type="checkbox"/> Pacific Island <input type="checkbox"/> Other: (please state): _____			
Previous school before coming to Waimea College:			
NSN Number:			

Confirmation of Residency

Where possible please provide a copy of student's birth certificate or passport.

The College is required to confirm the residency of all students.

- Were you born in New Zealand? Yes No _____
If no please state where
- Have you attended a New Zealand school? Yes No
- Are you a New Zealand citizen? Yes No

If you have answered **NO** to any of these questions, you **must** supply residency documents and/or a New Zealand Birth Certificate.

Country of Citizenship: _____ First Language (Spoken at home): _____

For completion by designated Waimea College staff member

Interview held with (designated staff member): _____ on ____ / ____ / ____
Student enrolled as a (tick one): <input type="checkbox"/> Regular Student <input type="checkbox"/> Fee Paying Student <input type="checkbox"/> Exchange student: Scheme _____
<i>Copies of supporting documentation must be attached to this form</i>

Primary Caregivers (Main Residence)	
Female	Male
Name: Mrs/Ms/Miss	Name: Mr
Relationship:	Relationship:
Phone Home:	Phone Home:
Phone Cell:	Phone Cell:
Email:	Email:
Address	
Num / Street	
Rural Delivery:	
Suburb	
Town:	
Postcode:	
Phone Work:	
Contact in an emergency: <input type="checkbox"/> Yes <input type="checkbox"/> No	Contact in an emergency: <input type="checkbox"/> Yes <input type="checkbox"/> No
Please record name of Caregiver that is to be contacted (via text/email) if student is absent: _____	

Tick if your child has a shared custody arrangement with the Primary and Secondary caregiver; that is regularly spends time with both caregivers. This means both caregivers will receive a copy of newsletters and reports.

Secondary Caregivers (Secondary Residence)	
Female	Male
Name: Mrs/Ms/Miss	Name: Mr
Relationship:	Relationship:
Phone Home:	Phone Home:
Phone Cell:	Phone Cell:
Email:	Email:
Address	
Num / Street	
Rural Delivery:	
Suburb	
Town:	
Postcode:	
Phone Work:	
Contact in an emergency: <input type="checkbox"/> Yes <input type="checkbox"/> No	Contact in an emergency: <input type="checkbox"/> Yes <input type="checkbox"/> No

Emergency Contact – Other Caregiver	
Name:	Relationship:
Phone Home:	Phone Cell:

Siblings at Waimea College

If the student being enrolled will have siblings at Waimea College in the year that he or she attends, please list their names below. Siblings include brothers, sisters, stepbrothers, stepsisters and any children of 'blended' families.

1.	2.	3.
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If there are older siblings at College (living at the same address) we will assume that the details on this form are correct for all siblings. If this is NOT correct, please contact the College Reception with the correct details.

Medical Details

Medical Centre: _____ Doctor: _____

Medical Treatment

Parents/Caregivers enrolling a student at Waimea College give permission for the administration of first aid by staff with first aid training. Waimea College will give non-prescribed medication (according to the dosages specified) in emergency situations only. A register is kept of the medication and treatment given. Students who require non-prescription medication on a semi-regular basis are encouraged to provide their own supply which will be held in the College Reception for their use only.

Medication

Do you require the College to hold and/or administer medication for your student? Yes No
If 'Yes' the College will make contact to confirm details and complete the necessary consent form/s

Medical Conditions

Please list any medical issues of which the school should be aware.

Condition <i>Eg Asthma</i>	Treatment <i>Eg Carries own inhaler (self-controlling)</i>

If there are any special circumstances or information that we need to know, please record it in this box. This could include access arrangements by another parent, learning difficulties, family circumstances. If you think it is relevant, let us know.

Enrolment Scheme Section

The Ministry of Education requires the College to ensure that all students meet the requirements of the Waimea College enrolment scheme. Details of the scheme are available from the College Reception. The College may require supporting evidence relating to the student's address, and/or the siblings identified at the bottom of the previous page.

Please tick the option below that applies to you.

Section A - Student lives INSIDE the zone

I confirm that:-

- The "home address" which I have provided under "Student Details" will be the "usual place of residence" of the named student when the school is open for instruction. If the "home address" is not yet known (or is different to the usual place of residence) go to **Section B**.
- This address is inside the zone described in the Waimea College enrolment scheme.
- The student will be living at that address (when the school is open for instruction) with a person who is the parent or legal guardian of the named student. If the student is boarding in the zone, go to **Section B**.

Section B - Student lives INSIDE the zone but circumstances are different to those listed above

In this situation, a parent or legal guardian must make an appointment for an interview with the Principal or a designated staff member.

Date of interview:

Signed notes from the interview attached to this enrolment form by: _____ on ___ / ___ / ___

Section C - Student lives OUTSIDE the zone

Please indicate on the next page which of the following priorities (one to six) applies to you. If you require more information on this please contact the College Reception. You can also arrange for an interview if you are likely to be 'in-zone' by the date of first attendance.

Priority	Description	
1	Applicants for enrolment in a special programme run by the school and approved by the Secretary for Education.	<input type="checkbox"/> Special Education
2	Applicants who are siblings of current students.	<input type="checkbox"/> Tick here and make sure that the siblings are named in the space on the previous page.
3	Applicants who are siblings of former students.	<input type="checkbox"/> Tick here and give names(s) of siblings and year(s) enrolled _____
4	Applicant is a child of a former student.	<input type="checkbox"/> Tick here and give former student's name and years attended _____
5	Applicants who are children of board employees.	<input type="checkbox"/> Tick here and give name of the employee _____
6	All other applicants.	<input type="checkbox"/> Tick here

Waimea College requires that the following undertakings be agreed to by the parent/s or legal guardian on behalf of themselves and the enrolling student.

- The information on the previous page relating to the College Enrolment Scheme is correct and complete.
- I will advise the College of any subsequent change to this information.
- I have read and been given a copy of the sheet titled 'Enrolment Scheme Information for Parents'.
- I confirm that the residency information recorded on the previous page is true and correct (*Documents are attached if applicable*).
- I hereby undertake with the Waimea College Board of Trustees to observe the conditions and expectations outlined in the Handbook and this Enrolment Application, so far as they affect us.
- I will be a responsible user of the Information and Communication Technology (ICT) network.
- I am aware that there are costs associated with a number of College activities. I undertake to pay these costs before the activity takes place, unless I have made other arrangements with the Resource Manager.
- For the purposes of the Privacy Act 1993, I hereby acknowledge and understand that:-
 - The information collected will be used for the following purposes: enrolling my child, Waimea assessing the education needs of my child and ensuring that education services and resources in respect of my child are provided to the school and Ministry of Social Development (MSD) as part of the Youth Service initiative.
 - The school collects and uses your child's information in accordance with the Privacy Act. The school sends some of your child's information to the Ministry of Education and other education and health agencies. The school will not provide your child's information to any other people or organisation without your authorisation, except in accordance with the Privacy Act.
 - Students' work and/or photograph may appear in school publications and **unless advised otherwise**, it is understood that the school has consent to the publication of work and/or photographs of the student that may appear in such school publications including newsletters, prospectus, magazine, some social media sites and advertising material.

Name of Parent/Legal Guardian: _____

Signature of Parent/Legal Guardian: _____

Date: ___ / ___ / ___

Signature of Student: _____

Date: ___ / ___ / ___

www.waimea.school.nz

Telephone: (03) 544 6099 Fax: (03) 544 1052

Email: enrolments@waimea.school.nz

Waimea College Office Use Only

Out of Zone priority: **1 2 3 4 5** Ballot Number:

Enrolment approved by:		Zoning approved:		Initial data entry:		Letter sent:	
Enrolled by:		Residency approved (documents attached):		KAMAR entry:		Portal letter:	
Date received:				ENROL database:			