

YEAR 9 - APPLICATION FOR ENROLMENT

STUDENT DETAILS

Student's Surname: <i>eg Wilson</i>		Other Surname or previous family name:	
Student's First Name(s): <i>eg Daniel John</i>			
Student's Preferred Name: <i>eg Dan</i>			
Date of Birth:	____ / ____ / ____ <i>Day Month Year</i>	Gender:	<input type="checkbox"/> Female <input type="checkbox"/> Male
Date student is expected to start at Nayland College: <input type="checkbox"/> Start of 2018		<input type="checkbox"/> _____ <i>state date here</i>	
Country of birth:	Student's cell phone:		
Copy of Birth Certificate/Passport attached (compulsory) <input type="checkbox"/>			
Preferred email for all correspondence:			
Students Email:			
An Ethnic Group is required by the Ministry of Education for statistical purposes. Please tick one or more.			
<input type="checkbox"/> NZ European / Pakeha		<input type="checkbox"/> Pacific Island (please specify): _____	
<input type="checkbox"/> Maori: Iwi 1. _____ 2. _____ 3. _____			
<input type="checkbox"/> Do not know (If you do not know the name of your Iwi, please tick or refer to the 'Iwi Affiliation Reference Sheet' at the College Office)			
<input type="checkbox"/> Other: (please specify): _____			
1 st language spoken:		2 nd language spoken:	
Previous school before coming to Nayland College:			
NSN Number (if known):			

CONFIRMATION OF RESIDENCY

1. Have you previously attended a New Zealand school?

The Ministry of Education requires you to confirm whether or not the student named on this application for enrolment has previously attended a New Zealand school (please tick whichever applies):

- Yes I have previously attended a New Zealand school No I have not previously attended a New Zealand school

2. Are you a New Zealand Citizen?

- Yes I am a New Zealand citizen No I am not a New Zealand citizen – go to Question 3

3. Are you a non New Zealand Citizen? If your child was not born in New Zealand the Ministry of Education requires you to supply the college with evidence of their citizenship and eligibility to enrol in a New Zealand school (where applicable). You may bring your child's original passport to the college either when delivering this form or when attending your interview and a photocopy will be made.

Designated College staff member to complete: Photocopy following document made for the college's records. Staff code: _____

- Passport of (country, eg Australia): _____ Residence Permit
 Student Visa/Permit ('MOE gazetted domestic student') Limited Purposes Permit & letter (secondary study)
 Other, please state:

PRIMARY CAREGIVERS (MAIN RESIDENCE)

A child's primary caregiver is the adult who assumes the most responsibility in caring for the health and well-being of the child.

Name: _____
 Relationship: _____
 Phone Home: _____
 Phone Cell: _____
 Email: _____

Name: _____
 Relationship: _____
 Phone Home: _____
 Phone Cell: _____
 Email: _____

Residential Address

Num / Street _____
 Rural Delivery: _____
 Suburb _____
 Town: _____
 Postcode: _____
 Workplace: _____
 Work Phone: _____

Contact in an emergency: Yes No

Contact via text if absent: Yes No

Residential Address

Num / Street _____
 Rural Delivery: _____
 Suburb _____
 Town: _____
 Postcode: _____
 Workplace: _____
 Work Phone: _____

Contact in an emergency: Yes No

Contact via text if absent: Yes No

SECONDARY CAREGIVERS (SECONDARY RESIDENCE)

Some children have a secondary caregiver who has some responsibilities for caring for their health & wellbeing.

Name: _____
 Relationship: _____
 Phone Home: _____
 Phone Cell: _____
 Email: _____

Name: _____
 Relationship: _____
 Phone Home: _____
 Phone Cell: _____
 Email: _____

Residential Address

Num / Street _____
 Rural Delivery: _____
 Suburb _____
 Town: _____
 Postcode: _____
 Workplace: _____
 Work Phone: _____

Contact in an emergency: Yes No

Contact via text if absent: Yes No

Is a copy of this student's account information to be sent to this caregiver? Yes No

Is a copy of school information e.g. reports, newsletters etc to be sent to this caregiver? Yes No

Residential Address

Num / Street _____
 Rural Delivery: _____
 Suburb _____
 Town: _____
 Postcode: _____
 Workplace: _____
 Work Phone: _____

Contact in an emergency: Yes No

Contact via text if absent: Yes No

SIBLINGS AT NAYLAND COLLEGE

If the student being enrolled will have siblings at Nayland 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 the case, please contact the College office with the correct details.

MEDICAL DETAILS

Name of Doctor/Medical Centre: _____ Phone Number: _____

Medical Treatment

Parents/Caregivers enrolling a student at Nayland College give permission for the administration of first aid by staff with first aid training.

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 Student Office for their use only.

Medication

Do you require the College to hold and/or administer medication for your child? Yes No

If 'Yes' the College will make contact to confirm details and complete the necessary consent form/s

Do you give permission for the College to issue Paracetamol to your child without contacting you first? Yes No

ALTERNATIVE EMERGENCY CONTACT

Name:	Relationship:
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Phone Home:	Phone Cell:
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Medical Conditions

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

Condition, eg <i>Asthma</i>	Treatment, eg <i>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.**

SELECTIONS

Specialist Programmes

Whanau Class

Instrumental Music Programme

Institute of Sport

Specialist Programmes:

Diagnosed with special educational needs

We will contact you with further information if you select this box.

In addition to the above, please complete the section below to indicate the extensions you wish to study. **Choose four subjects and rank them in order of preference** (in case either of the first two choices are not available). For your own reference please make a note of your selections.

EXTENSION SELECTIONS	Ranking	EXTENSION SELECTION	Ranking
Instrumental Music Programme		Drama	
Institute of Sport		Economics and Money Stuff	
Art & Design		Fashion & Design	
Chinese		Outdoor Education	
Creative Food		Spanish	
Design & Visual Communication (Graphics)		Te Reo Māori	
Digital Technology		Workshop & Design	

Nayland College requires the parent/legal guardian and the enrolling student to agree to the following undertakings:

1. I confirm that the information provided on this form is correct and complete.
2. I will advise the College of any subsequent change to this information.
3. I confirm that the residency information recorded on the previous page is true and correct (*Documents are attached if applicable*).
4. 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 College.
5. I am aware that payments made or credits applied to the student accounts will be allocated to any outstanding fees and charges on the account (as specified by the payer, or otherwise allocated by the school).
6. I consent to the student named on this form taking part in education outside the classroom on-site (within the school grounds) and off-site (occurring during school time or finishing before 6.00 pm).
7. I consent to the student named on this form having their photo taken and placed on the school management system.
8. I consent to the student's work and/or photograph/video images appearing in school publications/website and advertising material.
9. I have disclosed all information that is relevant to the enrolment of the student named on this form.
10. I hereby undertake with the College Board of Trustees to observe the conditions and expectations of Nayland College.

Name of Parent/Legal Guardian: _____

Signature of Parent/Legal Guardian: _____ Date: ___ / ___ / ___

Signature of Student: _____ Date: ___ / ___ / ___

Privacy Statement

The school collects the information on this form to:

1. enrol your child at school
2. assess the educational needs of your child
3. ensure the school gets the correct resources from the Ministry of Education for your child

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 organisations without your authorisation, unless needed by law.

Youth Service

The Ministry of Education shares your address and phone number information with the Ministry of Social Development (MSD) as part of the Youth Service initiative. Youth Service identifies young people who may have difficulty finding future employment, training or further education. Youth Service uses the contact information to find these young people and support them into education or training when they leave school.

Accessing or changing your information

Contact the school if you wish to view or change your child's information.

Thank you for choosing Nayland College

For completion by designated Nayland College staff member

I have held an interview with this student on ___ / ___ / ___ and copies of supporting documentation are attached to this form.

Student enrolled as (tick one):

Regular Student Fee Paying Student Exchange Student Scheme _____ Staff code: _____