

**OFFICE USE ONLY**

Name \_\_\_\_\_

KAMAR I.D \_\_\_\_\_

NSN \_\_\_\_\_

YR LEVEL/ROOM \_\_\_\_\_

**SIR EDMUND HILLARY COLLEGIATE**

**OTARA**

**MIDDLE SCHOOL**



**APPLICATION FOR ENROLMENT**

# SIR EDMUND HILLARY COLLEGIATE OTARA

DATE OF APPLICATION ..... ENROLLED BY .....

**GIVEN NAMES** ..... **FAMILY NAME** .....

**ADDRESS** ..... **DATE OF BIRTH** .....

..... **GENDER:** Male / Female

**PHONE** ..... ENROLLING YEAR LEVEL .....

EMAIL ADDRESS ..... LAST SCHOOL ATTENDED .....

LANGUAGE(S) SPOKEN AT HOME ..... CULTURAL IDENTITY .....

**COUNTRY OF BIRTH** ..... **IWI / TRIBE** .....

**DATE STUDENT ARRIVED IN NEW ZEALAND** ..... **PARENTS COUNTRY OF BIRTH** .....

**ORS/SPECIAL ED FUNDED:** YES  NO  ..... **DATE PARENTS ARRIVED IN NZ** .....

**NZ CITIZEN:** YES  NO  ..... **NZ RESIDENT:** YES  NO

FAMILY MEMBERS AT THE COLLEGIATE .....

***CAREGIVER NO. 1 (PERSON WHO CHILD LIVES WITH)***

FIRST NAME ..... FAMILY NAME .....

ADDRESS ..... RELATIONSHIP .....

..... PHONE (HOME) .....

PLACE OF WORK ..... PHONE (WORK) .....

EMAIL ..... PHONE (MOBILE) .....

***CAREGIVER NO. 2 (PERSON WHO CHILD LIVES WITH)***

FIRST NAME ..... FAMILY NAME .....

ADDRESS ..... RELATIONSHIP .....

..... PHONE (HOME) .....

PLACE OF WORK ..... PHONE (WORK) .....

EMAIL ..... PHONE (MOBILE) .....

***EMERGENCY CONTACT (DIFFERENT FROM CAREGIVERS ABOVE NOT LIVING WITH THE CHILD)***

FIRST NAME ..... FAMILY NAME .....

ADDRESS ..... RELATIONSHIP .....

..... PHONE (HOME) .....

PHONE (MOBILE) ..... PHONE (WORK) .....

***MEDICAL INFORMATION***

DOCTOR: ..... DENTIST: .....

ADDRESS: ..... DATE OF LAST VISIT: .....

PHONE: ..... HOSPITAL NUMBER (NHI) (if known): .....

DIFFICULTY SEEING THE WHITEBOARD:  Yes  No

WEARS GLASSES:  Yes  No

NEEDS TO SIT AT THE FRONT OF THE CLASSROOM TO HEAR CLEARLY:  Yes  No

***DID YOUR CHILD ATTEND:***

Kindergarten  Yes  No

Kohanga Reo  Yes  No

Play centre  Yes  No

Bi Lingual  Yes  No

**ADDITIONAL INFORMATION**

FAVOURITE SUBJECTS .....

CULTURAL INTERESTS .....

**DISCIPLINE ISSUES AT PREVIOUS SCHOOL / APPEARANCES BEFORE THE BOARD OF TRUSTEES ETC**

.....

COMMENTS BY PARENT / CAREGIVER .....

.....

.....

**COLLEGIATE EXPECTATIONS**

The Board of Trustees of Sir Edmund Hillary Collegiate expects that all students follow the Code of Behaviour.

*I agree that I will abide by the school's expectations of my attendance, punctuality, uniform, effort in all classes, completion of homework and student behaviour code.*

Signature: ..... (Student) ..... (Date)

**AGREEMENT OF SUPPORT**

• **INFORMATION AND PRIVACY**

I/We agree that this and any other information collected may be used for educational purposes and in the best interests of my child. I/We understand that all such information will be held at Sir Edmund Hillary Collegiate where I/we shall have the right to view all records. I/We have an obligation to inform the school of any changes to the personal details about this student.

*I give permission for my student to leave the school grounds with supervision for educational purposes outside the classroom that is within one kilometre of the school.*

Signature: ..... (Parent/Guardian) ..... (Date)

*I give permission for my child to be filmed during school time and I am aware that these clips may be used for school purposes e.g. school website, class blogs, YouTube, Facebook, school newsletter and local courier.*

Signature: ..... (Parent/Guardian) ..... (Date)

• **SCHOOL RULES**

I/We agree to support my child to meet the school's expectations of his/her attendance, punctuality, uniform, effort in all classes, completion of homework and student behaviour code.

I/We take responsibility for the payment of replacement or repair of any school property which our child has damaged.

Signature: ..... (Parent/Guardian 1) ..... (Date)

Signature: ..... (Parent/Guardian 2) ..... (Date)

We thank parents/caregivers for completing all sections of this form. The information you have provided will help us to know your child and provide an appropriate, successful learning experience. All information is held under the terms of the Privacy Act.

APPLICATION ACCEPTED / DECLINED: .....  
(Principal, Deputy Principal, Assistant Principal, Dean)  
(Date) .....

**OFFICE USE ONLY:**

Sighted/Copied Passport:  Yes  No

Sighted/Copied Birth Cert:  Yes  No

Sighted proof of address:  Yes  No

Inzone  Out of Zone

Permit Type: \_\_\_\_\_

Permit expiry: \_\_\_\_\_

Date received: \_\_\_\_\_

Application complete:  Yes  No

## STUDENT'S HEALTH / MEDICAL INFORMATION

<b>Medical Conditions – Has the student ever had any of the following?</b>			
Have they ever been a <b>patient in a hospital</b> overnight?	<b>Yes</b>	<b>No</b>	<b>If Yes</b> Why?
<b>Asthma</b> (trouble breathing)	<b>Yes</b>	<b>No</b>	<b>If Yes</b> What is the name of the medicine they take?
Do they have an inhaler?	<b>Yes</b>	<b>No</b>	
Do they have an "Asthma Action Plan"?	<b>Yes</b>	<b>No</b>	
<b>Diabetes</b> (sugar in the blood)	<b>Yes</b>	<b>No</b>	<b>If Yes</b> What is the name of the medicine they take?
Do they take any medicines or injections?	<b>Yes</b>	<b>No</b>	
<b>Epilepsy</b> (fits or seizures)	<b>Yes</b>	<b>No</b>	<b>If Yes</b> What is the name of the medicine they take?
Do they take any medicines?	<b>Yes</b>	<b>No</b>	
<b>Rheumatic Fever</b> (heart problems) or any other heart problems	<b>Yes</b>	<b>No</b>	<b>If Yes</b> What is the name of the medicine they take?
Do they take any medicines or injections?	<b>Yes</b>	<b>No</b>	
Is the student seeing a <b>counsellor</b> ?	<b>Yes</b>	<b>No</b>	<b>If Yes</b> Why?
Is there <b>anything else</b> you think we should know about?	<b>Yes</b>	<b>No</b>	
Are there any <b>other medicines</b> that you haven't already mentioned?	<b>Yes</b>	<b>No</b>	

<b>Allergies – Is there anything that makes the student unwell if they EAT it, BREATHE it or TOUCH it?</b>			
<b>Allergic Reaction To....</b>	<b>What happens to them?</b>		
Have they ever been told that they require an <b>Epipen</b> ?	<b>Yes</b>	<b>No</b>	If yes Have you supplied the school with the appropriate medication that may be required? <b>Yes</b> <b>No</b>

### **MEDICINES**

Please send **any** medicines that the student may need to take at school regularly or for emergencies (e.g. antihistamines for bee stings) to the School Nurse to keep locked in the cupboard. **NOTE: The student will need to have their medicine in the original bottle or box from the Doctor/Chemist, with their name on and how much they need to take. Please tell us more:**

Name of medicine? ..... What is it for? .....

### **IMMUNISATION** (please circle answers)

- |   |            |           |
|---|------------|-----------|
| Is the student up to date with ALL their Immunisations?           | <b>YES</b> | <b>NO</b> |
| Immunisation Certificate has been sited?                          | <b>YES</b> | <b>NO</b> |
| Has the student ever had a tetanus immunisation/injection?        | <b>YES</b> | <b>NO</b> |
| If <b>YES</b> , list date of last tetanus injection.....          |            |           |
| Does the student have <b>trouble hearing</b> ?                    | <b>YES</b> | <b>NO</b> |
| Does the student wear a <b>hearing aid</b> ?                      | <b>YES</b> | <b>NO</b> |
| Does the student have <b>trouble with their vision</b> or seeing? | <b>YES</b> | <b>NO</b> |
| Does the student wear <b>glasses or contacts</b> ?                | <b>YES</b> | <b>NO</b> |

### **PERMISSION FOR GIVING MEDICATION AT SCHOOL**

Sometimes it may be necessary for the nurse to consider giving students Panadol (Paracetamol) at school. Please sign below if you agree to the nurse giving the student Panadol while at school.

**I give permission for the School Nurse to give Paracetamol/Panadol to..... if they have examined them and feel that it would help.**

Please print your name..... Relationship to Student.....

Parent/Guardian Signature..... Date .....

***In case of a serious illness or accident students will be taken to a doctor for care. An ambulance may be called if necessary, at the expense of the parent/caregiver. A parent/guardian will also be called, so please ensure that the school has your most current contact details.***

<b>Note:</b> This information is for School purposes. The School reserves the right to pass on this information to other agencies it sees fit to hold and store the information.
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