

## GENERAL

Extra Curricular Interests:  Leadership  Academic  Sports  The Arts/Music/Dance  Cultural

**FRIENDSHIP:** Please name two friends with whom you work well:

\_\_\_\_\_

## MEDICAL DETAILS

Doctor: \_\_\_\_\_ Medical Centre: \_\_\_\_\_ Phone: \_\_\_\_\_

Dentist: \_\_\_\_\_ Dental Centre: \_\_\_\_\_ Phone: \_\_\_\_\_

Please indicate if the student has any of the following:

Seizures  Migraines  Asthma  Heart Condition  Sensory Loss  Diabetes

Allergies: \_\_\_\_\_

Allowed Panadol  Yes  No Allowed Ibuprofen  Yes  No

Does the student wear: Glasses  Yes  No Hearing Aids  Yes  No

Other Medical Conditions/Disorders: \_\_\_\_\_

Details of management or medication for medical condition/disorders: \_\_\_\_\_

MMR Vaccination (Measles, Mumps, Rubella) Certificate:  Yes  No Date of last Tetanus injection: \_\_\_\_\_

Has the student seen a medical specialist or been in hospital in the last two years?  Yes  No

Details: \_\_\_\_\_

## AGREEMENTS If you have any concerns about the agreements below, please discuss them at the time of enrolment

I agree that (*Student Name*): \_\_\_\_\_

- Will abide by the *Behaviour Expectations and Responsibilities of Sir Edmund Hillary Collegiate*
- Will abide by the *Rules and Code of Conduct, the eLearning Agreement and Taking Responsibility for Safety* as found in the Enrolment Guide
- Will wear the full, correct uniform on the way to and from school, as well as at school
- Will have, at home, every encouragement and assistance in completing homework to a satisfactory standard
- May receive, from the school nurse, over-the-counter medicines for minor ailments
- May participate in low risk, offsite learning activities approved by the Principal
- Sir Edmund Hillary Collegiate may use the student's image in its print and digital publications. Ownership of such material is retained by the school.
- Will abide by Sir Edmund Hillary Collegiate's Emergency Procedures and evacuation guidelines.

### CONFIDENTIALITY AND PRIVACY

In terms of the Privacy Act 1993, I consent to providing personal information to Sir Edmund Hillary Collegiate. I understand that this information will be used for purposes relating to my child's education and for Ministry of Education statistical returns.

### DECLARATION

I confirm that the information provided by me on this enrolment application is true and correct. I understand that failure to disclose requested information may result in the enrolment being cancelled.

### SIGNATURES

Student: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_



# ENROLMENT FORM

**SIR EDMUND HILLARY COLLEGIATE**

2 Franklyne Road, Ōtara, Auckland 2023 • Phone (09) 274 5782  
Email: office.juniorschool@seh.school.nz • www.sehc.school.nz

ATTACH  
PASSPORT  
SIZED  
PHOTO  
HERE

## STUDENT DETAILS

### LEGAL NAME AS ON BIRTH CERTIFICATE / PASSPORT

Family Name: \_\_\_\_\_

First Name: \_\_\_\_\_

Middle Name/s: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Home Phone: \_\_\_\_\_

Student's Email: \_\_\_\_\_

Current School/ECE: \_\_\_\_\_

Previous School/ECE: \_\_\_\_\_

### PREFERRED NAMES

Family Name: \_\_\_\_\_

First Name: \_\_\_\_\_

Please Note: Preferred First Name is the name by which the student is usually known. All Official documents will use the Birth Certificate/Passport name.

Gender:  Male  Female  Prefer not to answer

\_\_\_\_\_

Postcode: \_\_\_\_\_

Student's Mobile Phone: \_\_\_\_\_

\_\_\_\_\_

NZ  Overseas

NZ  Overseas

## OFFICE USE ONLY

Family Name: \_\_\_\_\_ **KAMAR ID** \_\_\_\_\_

First Name: \_\_\_\_\_ **NSN NUMBER** \_\_\_\_\_

Enrolled by: \_\_\_\_\_ On date: \_\_\_\_\_ Start Date: \_\_\_\_\_

Year Level: \_\_\_\_\_ Form: \_\_\_\_\_

**LEAVING DATE:** \_\_\_\_\_ Leaving Form:  Yes  No

Destination: \_\_\_\_\_

### CHECKLIST:

Copy of Birth Certificate or Passport / Visa

Copy of Immunisation Record

Address confirmation form

Copy of last school report

ID photo

Course selection form completed

Current year NCEA results from previous school

NZQA Record of Achievement

Contact person at last school attended: \_\_\_\_\_

Notes: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**CITIZENSHIP / RESIDENCY** *Please indicate as many as are relevant (Required for Ministry of Education Returns)*

PLEASE TICK AND COMPLETE ALL OF THE FOLLOWING THAT APPLY

- New Zealand Citizen:
- IF NOT BORN IN NEW ZEALAND state country of birth: \_\_\_\_\_ NZ Entry Date: \_\_\_\_\_
- Permanent Resident: Country: \_\_\_\_\_ PR Date: \_\_\_\_\_ NZ Entry Date: \_\_\_\_\_
- Other Citizenship: Country: \_\_\_\_\_ NZ Entry Date: \_\_\_\_\_
- Work Permit or Study Visa: Passport Number: \_\_\_\_\_
- Permit/Visa/PR Number: \_\_\_\_\_ Date Permit or Visa Expires: \_\_\_\_\_
- Refugee Status: Please state the student's previous schooling:
- Year student started at school: \_\_\_\_\_  Uninterrupted schooling  Interrupted schooling
  - No formal schooling beyond home  Refugee camp schooling prior to New Zealand for \_\_\_\_\_ years
  - Other: \_\_\_\_\_

**LANGUAGE**

Is English your first language?  Yes  No Language usually spoken at home: \_\_\_\_\_

**ETHNICITY** *Please indicate as many as are relevant (Required for Ministry of Education Returns)*

- NZ Māori Iwi: \_\_\_\_\_  NZ European
- Pacific (specify): \_\_\_\_\_  Indian \_\_\_\_\_
- Chinese  Other Asian (specify): \_\_\_\_\_
- European (specify): \_\_\_\_\_  Other (specify): \_\_\_\_\_

**STUDENT SUPPORT**

In the past two years has this student received assistance from support services? (If so, please provide details below)

- RTLB  ORS  ESOL  Whirinaki  Oranga Tamariki  CMDHB  Other

Please state learning needs: \_\_\_\_\_

Learning Support or Teacher Aide: Contact Person: \_\_\_\_\_

Are there any other issues likely to impact on the student's successful mainstream placement?  Yes (detail below)  No

In the past two years has this student been identified as gifted and talented (enrichment programme)?  Yes  No

Programme: \_\_\_\_\_

Are there any current custody issues or Court Orders related to this student?  Yes (detail below)  No

Details: \_\_\_\_\_

**BROTHERS AND SISTERS:**  Currently attending SEHC  Also applying for enrolment

Names and Year Levels: \_\_\_\_\_

**PRIMARY CAREGIVER**

WHO DOES THE STUDENT LIVE WITH?

- Both Parents  Mother  Father  Other: \_\_\_\_\_

Special Contact Details (if any): \_\_\_\_\_

**PARENT / CAREGIVER 1**

**PLEASE NOTE:** Reports and other official school communications will be sent to this caregiver

- Mother  Father  Other: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Postcode: \_\_\_\_\_

Occupation: \_\_\_\_\_

Phone: Home: \_\_\_\_\_ Work: \_\_\_\_\_ Mobile: \_\_\_\_\_

Email: \_\_\_\_\_

*Newsletters will be sent to the above email address. A home email is preferred as businesses can block multi-person mailouts.*

**PARENT / CAREGIVER 2**

**PLEASE NOTE:** Duplicate reports and official school communications may be sent to this caregiver if living at a different address

- Mother  Father  Other: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Postcode: \_\_\_\_\_

Occupation: \_\_\_\_\_

Phone: Home: \_\_\_\_\_ Work: \_\_\_\_\_ Mobile: \_\_\_\_\_

Email: \_\_\_\_\_

**PLEASE NOTE:** A home email is preferred as businesses can block multi-person mailouts.

**CAREGIVER LETTER OF CONFIRMATION**

- Letter from parent/s or family if the parents are in absentia confirming the students caregiver for the period of their absence.

**EMERGENCY CONTACT**

**EMERGENCY CONTACT PERSON** (Not living with student)

Name: \_\_\_\_\_

Relationship to student: \_\_\_\_\_

Phone: Home: \_\_\_\_\_ Work: \_\_\_\_\_ Mobile: \_\_\_\_\_