



# ENROLMENT FORM

## SIR EDMUND HILLARY COLLEGIATE

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### STUDENT DETAILS

#### LEGAL NAME AS ON BIRTH CERTIFICATE / PASSPORT

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

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

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

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

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

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

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

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

Current School: \_\_\_\_\_ ☐ NZ ☐ Overseas

Previous School: \_\_\_\_\_ ☐ NZ ☐ Overseas

#### 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 ☐ Not Defined

### 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/Vaccination 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: \_\_\_\_\_
- ☐ Year student started at school: \_\_\_\_\_ ☐ Uninterrupted schooling ☐ Interrupted schooling
- ☐ No formal schooling beyond home
- ☐ 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 ☐ DHB ☐ 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) ☐ NoIn 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: \_\_\_\_\_

## 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

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

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

MMR Immunisation Status: ☐ Yes ☐ No COVID-19 Vaccination Status: ☐ Full ☐ None

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*
- Will abide by the Cyber-Safety rules and instructions, and be a responsible digital citizen
- Will wear the full, correct uniform on the way to, during and from 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 (EOTC) approved by the Principal
- Sir Edmund Hillary Collegiate may use the student's image and/or school work in its print and digital publications.

## 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. At the discretion of the Principal under Sections 76 and 77 of the Education Act 1989, this information may be shared with other groups under special circumstances. Contact details on this form are also required by law to be forwarded to the Ministry of Social Development for the purpose of ensuring young people are engaged in education or training.

## 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: \_\_\_\_\_