



HUNTLY COLLEGE

Enrolment Form 2020



Please PRINT clearly and neatly. There are 2 sides to this form.

Please bring student's Birth Certificate or current valid Passport or Citizenship Paper when enrolling

Particulars of Student

Family Name		Year Level: <input type="checkbox"/> Year 9	<input type="checkbox"/> Year 10	<input type="checkbox"/> Year 11	<input type="checkbox"/> Year 12	<input type="checkbox"/> Year 13	<input type="checkbox"/> Adult Student
First Name		Gender: <input type="checkbox"/> Male	<input type="checkbox"/> Female		Bus Student: <input type="checkbox"/> Yes <input type="checkbox"/> No		
Middle Name(s)		Date of Birth: _____	Bus Route: Ohinewai / Pukemiro / Other (Circle)				
Preferred Name		OFFICE USE ONLY					
Address		Start Date: _____	Copy of Birth Certificate / Passport attached <input type="checkbox"/>				
	Postcode: _____	Enrolment No.: _____	Processed: _____				
Home Phone		House: <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
		Kimihia	Waikare	Hakanoa	Waahi		

NOTE: FOR ALL STUDENTS – Please attach verified copy of Birth Certificate

Particulars of Parents / Guardians

Particulars of Parent / Guardian living with student				Particulars of Parent / Guardian living with student			
Family Name		Title	Mrs / Miss / Ms	Family Name		Title	Mr
First Name		Occupation		First Name		Occupation	
Relationship to Student		Work Place		Relationship to Student		Work Place	
Cellphone		Work Phone		Cellphone		Work Phone	
Email				Email			
Contact Person in Event of an Emergency if Parent / Guardian is not available eg. Neighbour, friend				Any Other Parent / Guardian NOT LIVING with student			
Family Name		Title	Mr / Mrs / Miss / Ms	Family Name		Title	Mr / Mrs / Miss / Ms
First Name		Home Phone		First Name		Home Phone	
Relationship to Student		Cellphone		Relationship to Student		Cellphone	
Brothers / Sisters at THIS school: <input type="checkbox"/> Yes <input type="checkbox"/> No Names: _____				Address		Work Phone	
Any Special Family Circumstances (eg. Restricted contact) <small>Information regarding the Child Protection Guidelines/Procedures can be viewed on our website.</small>				Details			

Ministry Details

Previous School:

Ethnicity:

NZ Maori NZ European

> State Iwi & code Code
(up to 3 groups) Code

Marae Affiliation

Tainui Tribal Reg. Yes No Reg. No.

Other > Please state:

Eligibility Status: (please tick one)

New Zealand Citizen Permanent Resident Exchange Student

NOTE:

All students born outside New Zealand. Please attach a copy of your citizenship / residency / immigration documents.

All Students born outside New Zealand:

Student Visa / Permit: Expiry Date: _____

Medical Details

Name of Doctor

Doctors @ 42 Waahi Health Centre Hakanoa Medical Centre

Tui Medical Centre Huntly West Medical Centre

Other > Please state: Contact Ph:

Medical Conditions

Yes > Please indicate below: No

Please specify condition (e.g. Asthma, Migraine) AND medication details:

Degree of Medical Condition:

Mild Medium Severe **Panadol permitted?** Yes No

*For those students who have a medical condition and require regular medication, it is advisable to leave a supply of their medication with the school first aid person e.g. antihistamines for bee / wasp stings, or medication for migraines. Please arrange this through the College Office.

Does the student have a physical condition that might affect classroom learning, eg hearing loss, need for glasses, motor skills loss etc. Yes No Details:

Special Education Needs: (Provide supporting paperwork)

Does your student have a diagnosed special need or require special learning support? Yes No

ORS Funded? Yes No ORS Number:

Parent / Guardian Declaration

In support of my student's application for enrolment, I undertake to see that he / she abides by the **HUNTLY COLLEGE VALUES** and **STUDENT INTERNET AGREEMENT**. In the event of an **ACCIDENT, EMERGENCY** or **SERIOUS ILLNESS** every effort will be made to contact you immediately or your student's emergency contact. Where this is unsuccessful and in an emergency your student's doctor will be contacted or a staff member may need to take your student to an Accident and Emergency Clinic or local Doctor. I give permission for the College to make such arrangements as are necessary for the treatment of my student and agree to meet any costs incurred. I will advise the school of any subsequent change of address, telephone and contact numbers. Address and phone number details are collected at the time of enrolment and during the student's time at school so that the school can contact the parent or student as necessary. These contact details may also be passed on to the Ministry of Education and the Ministry of Social Development (MSD). This is so young people who may have difficulty finding future employment; training or further education can be identified and offered support by organisations contracted by MSD to help re-engage young people in education or training when they leave school.

By enrolling my student at Huntly College, they will have access to a medical professional through the SBHS which may include a nurse, doctor or a referral to a specialist.

PRIVACY: I give permission for the Principal of Huntly College or the nominee to obtain from previous schools, information relevant to this application.

EOTC CONSENT: I give my general approval for the student enrolled to participate in off-site programmes of learning, within his / her normal classroom time allocation and approval by the Principal.

PHOTO / MEDIA RELEASE: I grant permission to Huntly College the right to use photographs of my student for use in materials they may create and for use in publicity material.

Signed:

Parent / Guardian

Parent / Guardian Name

Date

While at Huntly College I will abide by the **VALUES & EXPECTATIONS OF THE COLLEGE** and **ICT RULES AND RESPONSIBILITIES**.

Signed:

Student

Principal

Date