

# 2018 Enrolment Form

**OFFICE USE ONLY**

Re-Enrolment

Start Date \_\_\_\_\_ Student Number \_\_\_\_\_ Whanau \_\_\_\_\_ NSN Number \_\_\_\_\_

**Student Information**

Year Level Student is applying for: 

YEAR 9		YEAR 10		YEAR 11		YEAR 12		YEAR 13	
--------	--	---------	--	---------	--	---------	--	---------	--

First Name(s) \_\_\_\_\_ Surname \_\_\_\_\_

Date of Birth \_\_\_\_\_ Student Cellphone \_\_\_\_\_  
*(Copy of Birth Certificate or passport must be attached)*

Email \_\_\_\_\_  
*(Best email for Newsletters/Reports and Attendance)*

Home Address \_\_\_\_\_  
\_\_\_\_\_ Postal Code \_\_\_\_\_

**Ethnicity (tick one or more boxes)**

*If your child was born in NZ a copy of a Birth Certificate or Passport must be attached.  
If your child was not born in NZ a copy of Passport and a Visa must be attached.*

NZ Māori  Hapu/Iwi \_\_\_\_\_

Ngati Whakauae Affiliated 

YES		NO	
-----	--	----	--

Pacific Island  Please State \_\_\_\_\_

NZ European \_\_\_\_\_

Asian  Please State \_\_\_\_\_

Other European  Please State \_\_\_\_\_

Other  Please State \_\_\_\_\_

**Transfer Details**

Name of previous school \_\_\_\_\_ Town/Country \_\_\_\_\_

Have you previously been enrolled in a Kura Kaupapa Māori or Bilingual Unit? 

YES		NO	
-----	--	----	--

Is your daughter currently in a digital class? 

YES		NO	
-----	--	----	--

Any personal, home or social circumstances which will assist in understanding the student. *If applicable.* \_\_\_\_\_

Support Agency \_\_\_\_\_ Case Worker \_\_\_\_\_

Any sporting/cultural interests and/or achievements? \_\_\_\_\_

**Student Lives with?**

Both Parents		Mother		Father		Other	
--------------	--	--------	--	--------	--	-------	--

**NB** If there are any documents pertaining to Custody, Access, Protection Orders etc please provide copies for our records. We are unable to uphold verbal instructions without legal documentation on file.

### Parent/Caregiver Information

Caregiver 1		Caregiver 2	
Title		Title	
Surname		Surname	
Firstname		Firstname	
Street Address		Street Address	
Suburb		Suburb	
City & Post Code		City & Post Code	
Home Phone		Home Phone	
Cellphone		Cellphone	
Email		Email	
Occupation		Occupation	
Workplace		Workplace	
Work Phone		Work Phone	
Relationship to student		Relationship to student	

### Sibling Information

Number of Children in the family \_\_\_\_\_ Place in Whanau/Family \_\_\_\_\_

Do you have siblings attending or who have attended Rotorua Girls' High School?  YES  NO

Name \_\_\_\_\_ Year(s) of Enrolment \_\_\_\_\_

Name \_\_\_\_\_ Year (s) of Enrolment \_\_\_\_\_

### Emergency Contact (Other than Above)

Name \_\_\_\_\_ Relationship to student \_\_\_\_\_

Contact Number \_\_\_\_\_ Contact Number \_\_\_\_\_

### Declaration

I / We also agree to the following:

1. Requesting relevant information from other schools for enrolment purposes
2. Forwarding relevant information to another school for enrolment purposes
3. Forwarding relevant information to other institutions for the purpose of qualifications entry
4. Using information for statistical purposes
5. Using our daughter's name and photo on the school website and other school publications
6. I / we agree to our daughter / ward complying with all school rules and policies including uniform, attendance, extra-curricular/sports fees
7. To pay any fees or levies set, and for any careless damage of school property.
8. I agree that any information can be obtained and disclosed under the Privacy Act 1993.

Student Signed \_\_\_\_\_ Dated \_\_\_\_\_

Parent/Caregiver Signed \_\_\_\_\_ Dated \_\_\_\_\_

Parent/Caregiver Signed \_\_\_\_\_ Dated \_\_\_\_\_

# Health Information

## Medical Contact Details

Doctor \_\_\_\_\_ Dentist \_\_\_\_\_

## Current Medical Information

Immunisation – Has the student received all available vaccinations/immunisations?

YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
-----	--------------------------	----	--------------------------

Medication – I consent to Panadol be administered if deemed necessary?

YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
-----	--------------------------	----	--------------------------

Mobile dental clinic – I consent to the student accessing the mobile dental clinic.

YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
-----	--------------------------	----	--------------------------

## Current Medical Conditions

Condition	Tick Yes or No				Details
Arthritis	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>	
Asthma	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>	
Diabetes	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>	
Epilepsy	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>	
Hearing Loss	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>	
Impaired Vision	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>	
Rheumatic Fever	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>	
Other (please specify)	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>	

## Allergies

Condition	Tick Yes or No				Details
Food	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>	
Medication	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>	
Stings	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>	
Other	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>	

Does the student suffer from any other medical condition or disability that we as a school should be aware of?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_