

YEAR 9 - APPLICATION FOR ENROLMENT

STUDENT DETAILS

Student's Legal Surname <i>e.g. Smith</i>							
Student's Preferred Surname <i>If different to above</i>							
Student's Legal First Name(s) <i>e.g. Peter John</i>							
Student's Preferred Name <i>If different to above</i>							
Date of Birth							
Gender							
Start Date	<input type="checkbox"/> Start of 2020	<input type="checkbox"/> Other (please specify):					
Student's Email							
Student's Mobile Phone							
An Ethnic Group is required by the Ministry of Education for statistical purposes. Please tick one or more.							
<input type="checkbox"/>	NZ European / Pakeha						
<input type="checkbox"/>	Pacific Island	Please specify:					
<input type="checkbox"/>	Māori	Specify iwi:	<table border="1"> <tr> <td>1.</td> <td>2.</td> </tr> <tr> <td>3.</td> <td>4.</td> </tr> </table>	1.	2.	3.	4.
1.	2.						
3.	4.						
<input type="checkbox"/>	Other	Please specify:					
1 st language spoken:							
2 nd language spoken:							

CONFIRMATION OF RESIDENCY

Have you previously attended a New Zealand school? <input type="checkbox"/> Yes <input type="checkbox"/> No	Previous school before coming to Nayland College:
<input type="checkbox"/> Copy of Birth Certificate/Passport attached (enrolment cannot be completed until this is received)	Country of Birth:
If your child was not born in New Zealand the Ministry of Education requires you to supply the college with evidence of their citizenship and eligibility to enrol in a New Zealand school (where applicable).	
Are you a New Zealand Citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No	Country of Citizenship:

PRIMARY CAREGIVERS (MAIN RESIDENCE)

A student's primary caregiver is the adult/s who assume the most responsibility in caring for the health and well-being of the child.

Name	Name
Relationship	Relationship
Phone Home	Phone Home
Mobile	Mobile
Email	Email
Workplace	Workplace
Work Phone	Work Phone
Contact in an emergency: <input type="checkbox"/> Yes <input type="checkbox"/> No	Contact in an emergency: <input type="checkbox"/> Yes <input type="checkbox"/> No
Contact via text if absent: <input type="checkbox"/> Yes <input type="checkbox"/> No	Contact via text if absent: <input type="checkbox"/> Yes <input type="checkbox"/> No

Residential Address

Num / Street	
Rural Delivery	
Suburb	
Town	
Postcode	

SECONDARY CAREGIVERS (SECONDARY RESIDENCE)

If applicable

Name	Name
Relationship	Relationship
Phone Home	Phone Home
Mobile	Mobile
Email	Email
Workplace	Workplace
Work Phone	Work Phone
Contact in an emergency: <input type="checkbox"/> Yes <input type="checkbox"/> No	Contact in an emergency: <input type="checkbox"/> Yes <input type="checkbox"/> No
Contact via text if absent: <input type="checkbox"/> Yes <input type="checkbox"/> No	Contact via text if absent: <input type="checkbox"/> Yes <input type="checkbox"/> No

Residential Address

Num / Street	
Rural Delivery	
Suburb	
Town	
Postcode	

Is a copy of this student's financial account information to be sent to the Secondary Caregiver(s)? Yes No

Is a copy of school information e.g. reports, newsletters etc. to be sent to the Secondary Caregiver(s)? Yes No

ALTERNATIVE EMERGENCY CONTACT

Name	Relationship
Phone Home	Mobile

SIBLINGS AT NAYLAND COLLEGE

If the student being enrolled will have siblings at Nayland College in the year that he or she attends, please list their names below. Siblings include brothers, sisters, stepbrothers, stepsisters and any children of 'blended' families.

1.	2.	3.
----	----	----

If there are older siblings at College (living at the same address) we will assume that the details on this form are correct for all siblings. If this is NOT the case, please contact the College office with the correct details.

MEDICAL DETAILS

Name of Doctor/Medical Centre	
Medical Treatment	
Parents/Caregivers enrolling a student at Nayland College give permission for the administration of first aid by staff with first aid training. A register is kept of the medication and treatment given. Students who require non-prescription medication on a semi-regular basis are encouraged to provide their own supply which will be held in the Student Centre for their use only.	
Medication	
Do you require the College to hold and/or administer medication for your child?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<i>If 'Yes' the College will make contact to confirm details and complete the necessary consent form/s</i>	
Do you give permission for the College to issue Paracetamol to your child without contacting you first?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Medical Conditions	
Please list any medical issues of which the school should be aware:	
Condition, e.g. <i>Asthma</i>	Treatment, e.g. <i>carries own inhaler (self-controlling)</i>
Special Circumstances / Information	
Please tick if any of the following circumstances apply to your child (we will contact you for further information):	
<input type="checkbox"/> Diagnosed conditions <input type="checkbox"/> Learning support requirements <input type="checkbox"/> Mental health concerns <input type="checkbox"/> Family circumstances	
<input type="checkbox"/> Other (please detail):	

SELECTIONS

Please complete the section below to indicate the extensions you wish to study. Choose **four subjects** and rank them in order of preference. Please note that Extension Selections are subject to change and that your ranked preferences may not always be available.

EXTENSION SELECTIONS	Ranking	EXTENSION SELECTION	Ranking
Instrumental Music Programme <i>(Specialist Programme)</i>		Institute of Sport <i>(Specialist Programme)</i>	
Art & Design		Fashion & Design	
International languages		Outdoor Education	
Creative Food		Spanish	
Design & Visual Communication (Graphics)		Te Reo Māori	
Digital Technology		Workshop & Design	
Drama		Sports Education	
Economics and Money			

I wish to be considered for the **Whanau Class**

I confirm the following Nayland College enrolment requirements as appropriate:

I/we confirm that the information provided on this form is correct and complete.

I/we will advise the College of any subsequent change to this information.

I/we confirm that the residency information recorded on the previous page is true and correct (*Documents are attached if applicable*).

I/we am aware that there are costs associated with a number of College activities. I undertake to pay these costs before the activity takes place, unless I have made other arrangements with the College.

I/we am aware that payments made or credits applied to the student accounts will be allocated to any outstanding fees and charges on the account (as specified by the payer, or otherwise allocated by the school).

I/we have read the Blanket Consent for EOTC information sheet and agree to the participation of our child in lower risk category A and B and C EOTC events.

I/we have provided the school with up to date medical, supervision and learning information through the enrolment form and will make every endeavour to keep this information up to date.

I/we consent to the student named on this form having their photo taken and placed on the school management system.

I/we consent to the student's work and/or photograph/video images appearing in school publications/website and advertising material.

I/we have disclosed all information that is relevant to the enrolment of the student named on this form.

I/we hereby undertake with the College Board of Trustees to observe the conditions and expectations of Nayland College.

Name of Parent/Legal Guardian		
Signature of Parent/Legal Guardian		Date:
Signature of Student		Date:

Privacy Statement

The school collects the information on this form to:

1. enrol your child at school
2. assess the educational needs of your child
3. ensure the school gets the correct resources from the Ministry of Education for your child

The school collects and uses your child's information in accordance with the Privacy Act. The school sends some of your child's information to the Ministry of Education and other education and health agencies. The school will not provide your child's information to any other people or organisations without your authorisation, unless needed by law.

Accessing or changing your information

Contact the school if you wish to view or change your child's information.

<p><i>For completion by designated Nayland College staff member</i></p> <p>I have held an interview with this student on ____ / ____ / ____ and copies of supporting documentation are attached to this form.</p> <p>Student enrolled as (tick one):</p> <p><input type="checkbox"/> Regular Student <input type="checkbox"/> Fee Paying Student <input type="checkbox"/> Exchange Student Scheme Staff code:</p>
