



MOTUEKA HIGH SCHOOL

APPLICATION FOR ENROLMENT

Please complete all parts of this form and return to the office with the documentation requested.

STUDENT DETAILS (a copy of birth certificate or passport is required when submitting this form)

Family Name (as per birth certificate);

First Names (as per birth certificate):.....

Preferred Name:

Date of Birth: Gender: **Male / Female** (please circle one)

Address:..... Postal Address:.....

..... (if different from physical address)

Postcode:..... Student cell Phone:.....

Phone:..... Year Level at previous school:.....

Previous School:.....

Brothers/Sisters attending Motueka HS.

PARENTS or PRIMARY CAREGIVERS (Living at main residence)

Mother / Caregiver 1 (living with student)

Father / Caregiver 2 (living with student)

Family/Surname : _____

First / given name: _____

Relationship to student: _____

Email: _____

Cell phone: _____

Work Phone: _____

Place of Work: _____

BIRTH PARENTS (NOT living with student)

Mother (NOT living with student)

Father (NOT living with student)

Family/Surname : _____

First / given name: _____

Address: _____

Phone /cell phone: _____

EMERGENCY CONTACT: Name.....

Relationship to Student:

Phone.....

Cell Phone.....

Has your child enrolled at any other Secondary School? YES/ NO (If yes, where?)

FOR OFFICE USE ONLY

PTO

Start Date: / / Year Level _____ Enrolment No: _____ ENROL: _____ Leaving Date: / /

Please tick the ethnic group(s) you identify with: (up to 3)

NZ European Pasifika (please state).....
 NZ Maori: IWI: 1 2 3

Other (please state nationality)

Is the student a NZ citizen? YES/NO **If NOT a NZ citizen please provide immigration documents and state:**

Nationality Date of entry to NZ

Your residency status in NZ?

STUDENT WELFARE

Does the child suffer from any serious allergies or any physical or chronic illness?* YES / NO

If YES, please specify:

(*Blood-borne viruses need only be disclosed to the Principal)

Is the child restricted from strenuous exercise or contact sport? YES / NO

If YES please specify

Name of child's Doctor:..... Name of child's dentist

EDUCATION OUTSIDE THE CLASSROOM

This is a consent form for your child to participate in activities which occur outside the classroom including sport. *This consent will avoid the need for frequent requests for permission and health information.* Our safety management systems recognize three levels, each with specific requirements regarding parental / caregiver consent. They are:

LEVEL 1	On-site - within the school environs	Parent/caregiver consent given at the time of enrolment and not required for each specific event.
LEVEL 2	Off site events, including sporting tournaments occurring in school time or finishing by approximately 6pm	Parent/caregiver consent given at the beginning of the year and not required for each specific event*
LEVEL 3	Off-site events finishing after 6pm (approx) OR involving risk assessed to be greater than that activity OR events occurring over night.	Parent/caregiver informed, consent required for each specific event. **

* Information including finish time given to parents/caregivers if finishing after 3.15pm

** A course such as Outdoor Education requires course-long blanket consent for the year through a special letter to parents/caregivers for those students.

All Levels require staff to undertake an analysis of the risks, and identify the management strategies required to eliminate, isolate and minimize the risks. At MHS this is initially done through safety action plans. All management of students involves risk management.

CONSENT: Please print student's name clearly:

I/we agree to the participation of _____ in Level 1 and 2 education outside the classroom events while a student at MHS. I / we have provided the school with up to date medical and supervision information through this enrolment form, and will make every endeavour to keep this information current.

.....
 Name Signature Date

I give my permission to use photographs of students and /or their work to promote MHS. YES/ NO

Parents' Declaration:

We have read the Prospectus and agree to be supportive of Motueka High School's Code of Conduct

Mother/Caregiver.....**Father/Caregiver**

Date:

PRIVACY ACT: Please note that the information on this form is protected from unauthorised access by the provisions of the Privacy Act 1993. Any information collected will be used for educational purposes and may be disclosed to other educational agencies.