



WAIHEKE HIGH SCHOOL

11 Donald Bruce Road, Waiheke Island
 Telephone: (09) 371-9000, Fax: (09) 372 5474
 Email: enquiries@waihekehigh.school.nz

ID NUMBER <i>(office use)</i>
NATIONAL STUDENT NO.

ENROLMENT FORM

CHECKLIST <i>(enrolling staff member to complete)</i>	Filled in by <i>(teacher code)</i>	
Present Year Level :	Enrolling Into Year :	Form Group :
New Zealand Citizen / Permanent Resident : <input type="checkbox"/> Yes <input type="checkbox"/> No	Birth Certificate and/or Passport Sighted : <input type="checkbox"/> Yes <input type="checkbox"/> No	
Conditions Applying (if any):		

SURNAME	FIRST NAMES	PREFERRED NAME
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BIRTHDATE	GENDER	BUS ROUTE	ENTRY DATE / /	PREVIOUS SCHOOL
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COUNTRY OF BIRTH Date of Entry into NZ:	ETHNIC GROUP	MAIN LANGUAGE SPOKEN AT HOME
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STUDENT'S HOME ADDRESS
Street:
Suburb:
Town:
Phone: ()
Email :

EMERGENCY CONTACT: (other than family)
Name:
Phone: ()
Relationship to Student:

MOTHER/FATHER/CAREGIVER (at Student's Address)
Relationship:
Surname:
First Name:
Occupation:
Works at:
Phone Day:..... A/H:
Email:.....

MOTHER/FATHER/CAREGIVER (at Secondary Address)
Relationship:
Surname:
First Name:
Address.....
.....
Occupation:
Works at:
Phone Day:..... A/H:
Email:.....

IWI/HAPU	
If the student is of New Zealand Maori descent, please enter the name(s) of his/her Iwi/hapu.	
If you do not know the Iwi/hapu, please enter 'Don't Know'.	
Iwi/hapu:	Iwi/hapu:
Rohe (Iwi/hapu home area):	Rohe (Iwi/hapu home area):

NAMES OF FAMILY at Waiheke High School-Brothers/Sisters		
.....		
House Group:	House Group:	House Group:

STUDENT'S NAME:..... YEAR:.....

ACADEMIC INFORMATION

	Yes	No					
Copy of student's latest school report enclosed (optional)	<input type="checkbox"/>	<input type="checkbox"/>					
Copies of other certificates of academic achievement enclosed (optional)	<input type="checkbox"/>	<input type="checkbox"/>					
Does your child wish to be considered for a place in the "Gifted and Talented" programme?	<input type="checkbox"/>	<input type="checkbox"/>					
If Yes, please identify the area/s in which you consider your child to have <u>unusually</u> high ability :							
Reading	-	Writing	-	Oral Language	-	Mathematics	-
Science	-	Sport	-	Social Science	-	Dance/Drama	-
Art	-	Music	-	Languages	-	Cultural Knowledge	-
Other (please describe)							
.....							

Does your child have a special need or require special learning support. Please list eg. (ADHD, ADD, ODD, Bi Polar, Dyslexia, Autism, Hearing, Sight, etc). Yes No

If Yes, please identify :

.....

Have they received specialist support eg. Speld assessment/tutoring, RTLB, GSE, Counselling, Child and Adolescent Health Services, ORRS Yes No

If yes, please identify :

.....

OPTION CHOICES - For the Year you are enrolling into, please indicate your Option Choices

Year 9 – 4 options
Year 10 – 4 options
Year 11 – English, Mathematics, Science and 2 Options
Year 12 – English and 4 Options
Year 13 – 5 Options

_____	_____	_____
Option 1	Option 2	Option 3
_____	_____	
Option 4	Option 5	

CO-CURRICULAR / OTHER INTERESTS AND PERSONAL ASPIRATIONS

One of the guiding principles of the school is the active participation of all students in co-curricular activities:

Sport and / or cultural activity in which my son/daughter will participate:.....

Sport and / or cultural activity in which my child also wishes to participate:

Other personal interests and personal aspirations: (List)

Copies of certificates of personal achievement enclosed (Optional) Yes No

I/we give permission for my son/daughter to join up for membership with Auckland Libraries Yes No

Health Profile

Student Information

Name: _____ Year: _____
 Address: _____
 Student Email: _____ Student Mobile: _____

<p>1. Please tick if your child has any of the following</p> <p><input type="checkbox"/> Migraine <input type="checkbox"/> Epilepsy <input type="checkbox"/> Asthma <input type="checkbox"/> Diabetes <input type="checkbox"/> Travel Sickness <input type="checkbox"/> Fits of any type <input type="checkbox"/> Chronic nose bleeds <input type="checkbox"/> Heart Condition <input type="checkbox"/> Dizzy Spells <input type="checkbox"/> Colour Blindness <input type="checkbox"/> Other – Please specify</p> <p>..... </p> <p>2 Medical Alert Number (if applicable)</p> <p>..... </p> <p>3 Date of last tetanus injection?</p> <p>...../...../.....</p>	<p>4 Is your child currently taking medication?</p> <p><input type="checkbox"/> No <input type="checkbox"/> Yes – Please state ailment/s</p> <p>..... </p> <p>Name of medication/s</p> <p>..... </p> <p>Dosage & time/s to be taken</p> <p>..... </p> <p>Other treatment</p> <p>..... </p> <p>5 Has your child had any major injuries (breaks or strains) or illness (glandular fever etc.) in the last six months that may limit full participation in any activities?</p> <p><input type="checkbox"/> No <input type="checkbox"/> Yes – Please specify</p> <p>..... </p>	<p>6 Is your child allergic to any of the following?</p> <p>Prescription medication <input type="checkbox"/> No <input type="checkbox"/> Yes – Please specify</p> <p>..... </p> <p>Food <input type="checkbox"/> No <input type="checkbox"/> Yes – Please specify</p> <p>..... </p> <p>Insect bites/stings <input type="checkbox"/> No <input type="checkbox"/> Yes – Please specify</p> <p>..... </p> <p>Other allergies <input type="checkbox"/> No <input type="checkbox"/> Yes – Please specify</p> <p>..... </p> <p>Treatment required?</p> <p>..... </p> <p>7 Outline any dietary requirements?</p> <p>..... </p>	<p>8 What pain/flu medication may your child be given if necessary?</p> <p>..... </p> <p>9 To the best of your knowledge, has your child been in contact with any contagious or infectious diseases in the last four weeks?</p> <p><input type="checkbox"/> No <input type="checkbox"/> Yes – please give brief details</p> <p>..... </p> <p>10 Is there any other information that staff should know to ensure the physical and emotional safety of your child? Eg. Cultural practices, disability, anxiety about heights/darkness/small places, pregnancy, behavioural or emotional problems)</p> <p><input type="checkbox"/> No <input type="checkbox"/> Yes – please give brief details</p> <p>..... </p>
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The health centre offers a range of free services for your student within the school grounds. First aid will always be provided. I agreed to my child being administered common medications such as paracetamol or ibuprofen where deemed appropriate.

Signed _____ Parent / Guardian _____

If staff are unable to contact you in the case of an accident or emergency, we may arrange for your student to be taken to a medical centre. If an ambulance is required, I agree to meet any costs incurred.

Signed _____ Parent / Guardian _____

All Year 9 students are offered a full health screen by the registered nurse, further information will be provided before this occurs. I understand the range of services provided and give consent to my child using this service

Signed _____ Parent / Guardian _____

