



# WAIHEKE HIGH SCHOOL

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

ID NUMBER (office use)

NATIONAL STUDENT NO.

## ENROLMENT FORM

### CHECKLIST (enrolling staff member to complete)

Filled in by .....  
(teacher code)

Present Year Level : ..... Enrolling Into Year : ..... Form Group : .....  
New Zealand Citizen / Permanent Resident :  Yes  No Birth Certificate and/or Passport Sighted :  Yes  No  
Conditions Applying (if any): .....

<b>SURNAME</b>	<b>FIRST NAMES</b>	<b>PREFERRED NAME</b>
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<b>BIRTHDATE</b>	<b>GENDER</b>	<b>BUS ROUTE</b>	<b>ENTRY DATE</b> / /	<b>PREVIOUS SCHOOL</b>
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<b>COUNTRY OF BIRTH</b> Date of Entry into NZ:	<b>ETHNIC GROUP</b>	<b>MAIN LANGUAGE SPOKEN AT HOME</b>
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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: Rohe (Iwi/hapu home area): .....

Iwi/hapu: 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

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

## HEALTH INFORMATION

Please provide the following information to assist our Health Centre in providing the best possible care for your son/daughter in any illness/emergency situation. This information is confidential but it may be necessary for the safety of your student to inform relevant staff of any serious medical conditions. The registered nurse may contact you to confirm details.

Family Doctor:..... Dental Provider: .....

Other Health Professional: .....

### Allergies:

Nil Known - Insects (type) - Medication -

Food - Other -

Details and treatment required

.....  
.....

### Medical Conditions:

Asthma - Diabetes - Epilepsy -

Heart Condition - Hearing/Visual - Other -

Details of condition and requirements during school. Please send labelled medications to the School Nurse if it is required for regular use or for emergencies:

.....  
.....

### Other health concerns or support required:

.....  
.....

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 panadol 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 .....

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

**PRIVACY OF INFORMATION**

I agree to Waiheke High School collecting personal information on my child.

Waiheke High School has advised me that the information I provide will be used for:

Student records for Ministry of Education purposes, accounting purposes of the Waiheke High School Board of Trustees, communication with Alumni Association, NZ Qualifications Authority (NZQA) and Special Education Services (SES).

I accept that this information may later be used for educational and pastoral care needs as well as statistical and/or research purposes and agree to its use for that purpose, provided that if the information is published in any way it will not identify me or the individual concerned. I understand that the information that I provide will be held at the offices of Waiheke High School at 11 Donald Bruce Road, Waiheke, New Zealand. I am aware of the rights of access to and correction of this information.

*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.*

Signed:.....  
Student

Signed:.....  
Parent/Guardian

**SPECIAL NOTES**

e.g. If the student does not live with parents please give their name/s and address/es. If an Exchange Student please add the name of your exchange scheme, e.g. YFU

.....

Copy of Passport or Birth Certificate is attached :

Passport  Yes  
Birth Certificate  Yes

Has the student ever been suspended or excluded from school?  Yes  No

Has the student been stood-down from school this year  Yes  No If Yes – numbers of days:.....

**DECLARATION**

I/We agree that the above named student will abide by the rules and regulations of Waiheke High School as laid down in the uniform and discipline policy statements. I/We declare that the information on this form is true and correct. I/We authorise information to be collected, used and disclosed by the school for education and administrative purposes.

Signature of Mother/Caregiver:.....

Signature of Father/Caregiver:.....

Signature of Student:.....

Date:...../...../.....

All enrolments are provisional until signed by the Principal of Waiheke High School.

Principal:.....

Date:.....