



# 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>

<b>BIRTHDATE</b>	<b>GENDER</b>	<b>BUS ROUTE</b>	<b>ENTRY DATE</b> / /	<b>PREVIOUS SCHOOL</b>

<b>COUNTRY OF BIRTH</b> Date of Entry into NZ:	<b>ETHNIC GROUP</b>	<b>MAIN LANGUAGE SPOKEN AT HOME</b>

**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 <input type="checkbox"/>	Writing <input type="checkbox"/>	Oral Language <input type="checkbox"/>	Mathematics <input type="checkbox"/>
Science <input type="checkbox"/>	Sport <input type="checkbox"/>	Social Science <input type="checkbox"/>	Dance/Drama <input type="checkbox"/>
Art <input type="checkbox"/>	Music <input type="checkbox"/>	Languages <input type="checkbox"/>	Cultural Knowledge <input type="checkbox"/>
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 7 & 8 complete a rotation of all options throughout the year)

Year 9 – 4 options

Year 10 – 4 options

Year 11 – English, Mathematics, Science and 3 Options

Year 12 – English and 5 Options

Year 13 – 5 Options

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

**HOME COMPUTER ACCESS**

Is there internet access in the student's home  Yes  No

Does the student have access to a home computer  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><b>1. Please tick if your child has any of the following</b></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><b>2 Medical Alert Number</b> (if applicable)</p> <p>.....          .....</p> <p><b>3 Date of last tetanus injection?</b></p> <p>...../...../.....</p> <p><b>4. COVID 19 Vaccination</b></p> <p><input type="checkbox"/> Not vaccinated</p> <p>Shot 1 on: ...../...../.....          Shot 2 on:...../...../.....</p>	<p><b>4 Is your child currently taking medication?</b></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 &amp; time/s to be taken</p> <p>.....          .....</p> <p>Other treatment</p> <p>.....          .....</p> <p><b>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?</b></p> <p><input type="checkbox"/> No  <input type="checkbox"/> Yes – Please specify</p> <p>.....          .....</p>	<p><b>6 Is your child allergic to any of the following?</b></p> <p>Prescription medication</p> <p><input type="checkbox"/> No  <input type="checkbox"/> Yes – Please specify</p> <p>.....          .....</p> <p>Food</p> <p><input type="checkbox"/> No  <input type="checkbox"/> Yes – Please specify</p> <p>.....          .....</p> <p>Insect bites/stings</p> <p><input type="checkbox"/> No  <input type="checkbox"/> Yes – Please specify</p> <p>.....          .....</p> <p>Other allergies</p> <p><input type="checkbox"/> No  <input type="checkbox"/> Yes – Please specify</p> <p>.....          .....</p> <p>Treatment required?</p> <p>.....          .....</p> <p><b>7 Outline any dietary requirements?</b></p> <p>.....          .....</p>	<p><b>8 What pain/flu medication may your child be given if necessary?</b></p> <p>.....          .....</p> <p><b>9 To the best of your knowledge, has your child been in contact with any contagious or infectious diseases in the last four weeks?</b></p> <p><input type="checkbox"/> No  <input type="checkbox"/> Yes – please give brief details</p> <p>.....          .....</p> <p><b>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)</b></p> <p><input type="checkbox"/> No  <input type="checkbox"/> Yes – please give brief details</p> <p>.....          .....</p>
---	--	---	--

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 \_\_\_\_\_

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:.....

Photographs and videos of the student may be used for the student's records and in any publicity material for the school

Yes  No

Signed:..... (Parent)

**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:.....