



ENROLMENT FORM

NELSON COLLEGE

Te Kura Tamatāne o Whakatū



Student Details

Intended Year Level: 9 ● 10 ● 11 ● 12 ● 13 ● Starting Year:

LEGAL FIRST NAME

ETHNICITY

LEGAL SURNAME

IWI AFFILIATION

PREFERRED NAME

COUNTRY OF BIRTH

DATE OF BIRTH

COUNTRY OF CITIZENSHIP

CURRENT SCHOOL

LANGUAGE SPOKEN AT HOME

NAME OF SIBLING(S) AT NELSON COLLEGE (if any)

STUDENT CELL PHONE NUMBER

NZ CITIZEN OR RESIDENT

STUDENT VISA (DOMESTIC)

AUSTRALIAN CITIZEN

OTHER

Family details (living with)

PARENT 1 - Contact for attendance purposes YES NO

TITLE

FIRST NAME

SURNAME

RELATIONSHIP

HOME ADDRESS

HOME PHONE

MOBILE

SUBURB

EMAIL

TOWN AND POSTCODE

WORK PHONE

OCCUPATION

PARENT 2 - Contact for attendance purposes YES NO

TITLE

FIRST NAME

SURNAME

RELATIONSHIP

HOME ADDRESS

HOME PHONE

MOBILE

SUBURB

EMAIL

TOWN AND POSTCODE

WORK PHONE

OCCUPATION

Has your son been stood down, suspended or excluded from a previous school?

 YES NO

OFFICE USE ONLY

Documents included

Kamar entry

Confirmation email sent

Guardian/caregiver information

FOR STUDENTS NOT LIVING WITH PARENTS or HAVE SHARED LIVING ARRANGEMENTS

| | | | |
|----------------------|----------------------|----------------------|----------------------|
| TITLE | FIRST NAME | SURNAME | RELATIONSHIP |
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| HOME ADDRESS | HOME PHONE | MOBILE | |
| <input type="text"/> | <input type="text"/> | <input type="text"/> | |
| SUBURB | EMAIL | | |
| <input type="text"/> | <input type="text"/> | | |
| TOWN AND POSTCODE | WORK PHONE | OCCUPATION | |
| <input type="text"/> | <input type="text"/> | <input type="text"/> | |

Should school information be sent to this address? (e.g. reports, newsletter, notices) YES NO

Emergency Contact

IN EVENT OF EMERGENCY IF PARENT(S) ARE NOT AVAILABLE

| | | |
|----------------------|-------------------------|----------------------|
| FULL NAME | RELATIONSHIP TO STUDENT | |
| <input type="text"/> | <input type="text"/> | |
| MOBILE PHONE | HOME PHONE | MOBILE |
| <input type="text"/> | <input type="text"/> | <input type="text"/> |

Legal Access

If a person does not have legal access to your son please provide a copy of the Court Order relating to the person named below:

| | |
|----------------------|------------------------------------|
| FULL NAME OF PERSON | Court Order attached (please tick) |
| <input type="text"/> | <input type="checkbox"/> |

This request is made in the interests of the school providing good pastoral care for your son.

Transport to school

If your son travels to school on the bus please indicate which route.

| | | | |
|--|---|--|--|
| <input type="checkbox"/> City Boundary (Atawhai) | <input type="checkbox"/> Hira | <input type="checkbox"/> The Glen | <input type="checkbox"/> Tui Glen |
| <input type="checkbox"/> Dodsons Valley | <input type="checkbox"/> Rai Valley | <input type="checkbox"/> Motueka Coastal | <input type="checkbox"/> Wakefield/Brightwater |
| <input type="checkbox"/> Māpua | <input type="checkbox"/> Richmond/Stoke | <input type="checkbox"/> Tāhunanui | |

Learning Support

Does your son have any of the following conditions (please provide supporting documentation) or been involved in any of the following programmes or funding?

| | | |
|---|------------------------------|-----------------------------|
| Been diagnosed with learning or behavioural conditions e.g. ADHD, Dyslexia, ASD | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| Been involved with learning support programmes: RTLB support, Teacher Aide | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| Been involved with English Language Learning tuition (ESOL or ELL) | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| Had Special Needs Funding | <input type="checkbox"/> YES | <input type="checkbox"/> NO |

Describe any special circumstances (learning or behavioural) the school should be aware of that may affect learning:

Medical Information

All students should have completed their Childhood Immunisation Programme before commencing secondary school. Has your son had the following vaccinations? If yes, please tick all appropriate boxes. Copy of records is required.

- MMR (Measles, Mumps, Rubella)
 Polio (oral)
 Varicella (Chickenpox)
 Hepatitis B
 DTaP (Diphtheria, Tetanus, Pertussis (Whooping Cough))
 HIB (Haemophilus Influenza TYPE B)
 Covid

NAME OF DOCTOR

MEDICAL CLINIC

| DOES THE STUDENT SUFFER FROM? | | SEVERITY | MEDICATION |
|---|--|----------|------------|
| Asthma | <input type="checkbox"/> YES <input type="checkbox"/> NO | | |
| Diabetes | <input type="checkbox"/> YES <input type="checkbox"/> NO | | |
| Allergy | <input type="checkbox"/> YES <input type="checkbox"/> NO | | |
| If the answer is yes, what allergies does the student suffer from (eg: Hayfever, food allergies, pet or other?) | | | |
| Migraine | <input type="checkbox"/> YES <input type="checkbox"/> NO | | |
| Epilepsy | <input type="checkbox"/> YES <input type="checkbox"/> NO | | |
| Any condition that we should know about | <input type="checkbox"/> YES <input type="checkbox"/> NO | | |
| If the answer is yes, please explain, eg: Dietary, physical or emotional condition. | | | |

MENTAL HEALTH

Is your son currently experiencing, or has in the past experienced, any mental health issues, e.g. anxiety, depression, eating disorder?

YES NO

Has your son ever been treated for mental health problems?

YES NO

If yes to any of the mental health questions please give details of any treatment or medication:

IN CASE OF ILLNESS, ACCIDENT OR EMERGENCY

- I give permission for my child to receive appropriate treatment when necessary by a first aider to administer non-prescription medicines, i.e. panadol, ibuprofen, ventolin, antihistamine on the occasions deemed necessary.
 If the school is unable to contact you, or if the accident is serious, I give permission for the college to take my child to Accident and Emergency.
 I give permission for the school to make such arrangements as are necessary for the treatment of my son in an emergency and agree to meet any costs incurred.
 I accept that while my child is a student of Nelson College it is my responsibility to inform the school of any important medical conditions acquired by my child.

NAME OF PARENT/LEGAL GUARDIAN/CAREGIVER

SIGNATURE

DATE

 / /

Enrolment Terms and Conditions

Policies and information relevant to this enrolment are available on the college website enrolment page. For further clarification contact the Principal.

- I/we have read and understood the terms and conditions of the Nelson College Uniform Policy and agree that my son will abide by this policy.
- I/we declare that the information supplied is true and correct and agree to observe the following conditions of enrolment.
- Our son is required to abide by all school rules and regulations
 - Consent is given to take part in education outside the classroom on-site (within school grounds) and off-site (occurring during school time or finishing before 6pm)
 - Costs associated with College activities are paid before the activity takes place unless other arrangements are made with the Finance Office.
- For the purposes of the Privacy Act 1993, I hereby acknowledge and understand that: This information is being collected so students and parents can be contacted as necessary and for a database relating to the future education, monitoring and reporting of the student's progress and pastoral care. This may include information from previous schools. The information collected may be used for statistical and research purposes, while ensuring that no individual is identified.
- I/we agree that this student's work and/or photograph may be used in Nelson College publications, website and marketing material.
- Nelson College is required to disclose personal information to government agencies, such as the Ministry of Education, Ministry of Social Development, New Zealand Qualifications Authority.

NAME OF PARENT(S)/LEGAL GUARDIAN(S)/CAREGIVER(S)

SIGNATURE OF PARENT 1 /CAREGIVER

DATE

SIGNATURE OF PARENT 2 /CAREGIVER

DATE

SIGNATURE OF STUDENT

DATE

Payment of Accounts

ONLY complete this section if the person responsible for paying accounts is different from family details on the front page. A signature for payee is required for this to be actioned.

NAME OF PERSON RESPONSIBLE FOR PAYMENT OF ACCOUNTS

SIGNATURE

DATE

EMAIL

Documents to be provided with this application

- Proof of 'domestic status' - ie a copy of NZ birth certificate, passport, resident permit or similar
- Copy of latest school report
- Copy of immunisation records (generated by your doctor)
- Learning conditions documentation if applicable