

ENROLMENT FORM

NELSON COLLEGE

Te Kura Tamatāne O Whakatū



Student Details

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

Is your son interested in being placed in Te Ara Reo Māori / Māori medium? YES NO

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)

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

Name of Doctor/Medical Centre

Contact number for surgery/centre

Diagnosed Medical Conditions & Allergies

Does your child suffer from any of the following diagnosed conditions that require monitoring, management, or emergency intervention at school?

Condition	Yes/No	Severity/Triggers	Daily Med. At school
Asthma	<input type="checkbox"/> YES <input type="checkbox"/> NO		
Diabetes	<input type="checkbox"/> YES <input type="checkbox"/> NO		
Anaphylaxis/Severe Allergy	<input type="checkbox"/> YES <input type="checkbox"/> NO		
Mild/Moderate Allergies	<input type="checkbox"/> YES <input type="checkbox"/> NO		
Epilepsy/Seizures	<input type="checkbox"/> YES <input type="checkbox"/> NO		
Migraines (Severe)	<input type="checkbox"/> YES <input type="checkbox"/> NO		

Medical Action Plans

If you answered YES to Asthma, Diabetes, or Anaphylaxis, please attach a copy of their current medical action plan (e.g. ASCIA plan) signed by a doctor.

Health & Wellbeing Support

To ensure we provide the appropriate pastoral care and environmental adjustments, does your child have any current health mental health or wellbeing support needs that College should be aware of? (e.g diagnosed anxiety or conditions requiring ongoing monitoring).

YES NO

Yes (If yes our Guidance Counsellor or year level Dean will contact you confidentially to discuss how we can best support the transition to College)

YES NO

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 child 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

Privacy Notice (Mandatory)

Nelson College collects personal information directly from you, and via the Ministry of Education's ENROL system, to facilitate enrolment, administer education, monitor student progress, and ensure student health and safety.

Information may be used in a de-identified form for statistical or research purposes.

Some information requested in this form is required by law or necessary for enrolment. If required information is not provided, this may affect the College's ability to enrol or adequately support your child.

- Information from previous schools: To ensure a smooth transition and provide appropriate educational and pastoral support, Nelson College will request academic records, learning support profiles, and relevant pastoral or safety information from the student's previous school(s).
- Disclosures required by law: We are required by law to disclose certain personal information to government agencies, including the Ministry of Education, the Ministry of Social Development (Work and Income), the New Zealand Qualifications Authority (NZQA), and Oranga Tamariki where legally mandated.
- Your Rights: Under the Privacy Act, you have the right to request access to, and correction of, any personal information held by the College.

Disclosures to support your child's learning: Information may also be shared with other schools, education providers or support services where this is necessary to support your child's learning, wellbeing, or transition to other providers. This could include services such as the Resource Teachers of Learning and Behaviour.

- These disclosures will not occur without your specific, additional consent.

I/We acknowledge that I/we have read and understood how personal information will be collected, used, and disclosed by the College.

Declarations and School Conditions (Mandatory)

I/We declare that the information supplied in this application is true and correct to the best of our knowledge. If enrolled, we agree to observe the following conditions:

- Our child/ tamati / whāngai is required to abide by all school rules, regulations and the Nelson College Uniform Policy.
- I/We understand that costs associated with optional College activities must be paid before the activity takes place, unless prior arrangements are made with the Finance Office.

Use of Student Media and Work (Optional)

I/We agree that:

My/our child's work and image may be used within the school (e.g classroom displays, school publications)

My/our child's image may be used in external publications, including the school website and social media

Student names will not be published alongside images without additional consent.

(Note: You may withdraw this consent at any time by contacting the school office)

Name of parent(s)/legal guardian(s)/caregiver(s)

Signature of parent/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

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 and/or medical action plan if applicable