NELSON COLLEGE PREPARATORY SCHOOL
Enrolment Form

Waimea Road, Private Bag 16
Nelson 7042
Phone (03) 548 3099
Office: prep@nelson.school.nz
Website: www.nelson.school.nz

Please attach the application fee of $30 (non-refundable) with this application form.
The payment of this fee does not commit the Preparatory School to accepting the applying student.

STUDENT DETAILS		
Legal Family Name *e.g. Smith (as on Birth Certificate)*		
Legal First Name(s) *e.g. Christopher John*		
Preferred First Name *e.g. Chris*		
Date of Birth	_____ / _____ / _____ *Day Month Year*	
Current / Previous school		

Student will be starting at Year Level *(tick one)* **Proposed year of entry:**_____ ☐ Year 7 ☐ Year 8

Name of sibling(s) at Nelson College *(if any)*
Any other family links to the college?

Mail to whom: (for official letters and invoices)
e.g. Mr J & Mrs S Jones

Student Address (Include Emergency Services or Rapid number for Rural Addresses)		**Current Residential Address**	**Postal Address** *(if different)*
	No. / Street		
	Rural Delivery		
	Suburb		
	Town		
	Postcode		

An Ethnic Group is required by the Ministry of Education for statistical purposes. Please tick one or more.

❒ NZ European / Pakeha

❒ Maori (plus Iwi and region if known)

Iwi 1: _____ Iwi 2: _____

Iwi 3: _____

❒ Other: (please state) _____ First Language (spoken at home) _____

ELIGIBILITY - this enrolment form is intended for domestic student only (International enrolments use International form)

Please confirm student eligibility (tick **one** box)

❑ NZ citizen (attach copy of NZ birth certificate or NZ passport or NZ citizenship certificate)

❑ NZ or Australian resident (attach copy of passport showing NZ residence class visa)

❑ Australian citizen (attach copy of Australian passport)

❑ Is not a Citizen or Resident of NZ nor a citizen of Australia (provide valid student visa/permit with conditions containing "Domestic Student")

Country of Birth _____ **Country of Citizenship** _____

Has your son been stood down, suspended or excluded from a previous school? ❒ Yes ❒ No

PRIMARY CAREGIVERS (living at the address given on the front page)	
Mrs/Ms/Miss/Dr First and Family Name:	Mr/Dr First and Family Name:
Relationship to student:	Relationship to student:
Home phone:	Home phone:
Cellphone:	Cellphone:
Email:	Email:
Work phone:	Work phone:
Occupation:	Occupation:
Employer:	Employer:
Text for attendance purposes ❒ Yes ❒ No	Text for attendance purposes ❒ Yes ❒ No

SECONDARY CAREGIVERS (Secondary Residence – if applicable)			
Mr / Mrs / Ms / Miss	Full Name:		
Relationship to student:			
Mr / Mrs / Ms / Miss	Full Name:		
Relationship to student:			
Postal Address:			
Number / Street:		Phone (Home):	
RD:		Phone (Work):	
Suburb:		Cellphone:	
Town:		Email:	
Postcode:		Occupation:	
Should school information be sent to this address? (e.g. reports, newsletters) ❒ Yes ❒ No			

EMERGENCY CONTACT (a person who can be contacted other than the above e.g. friend, neighbour or grandparent)	
Full Name:	Relationship to student:
Home phone:	Cellphone:
Work phone:	

LEGAL ACCESS

If parents are separated at whose address does the student normally reside:

❒ Mother/Guardian ❒ Father/Guardian ❒ 50/50

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:
Name: _____ Court Order attached (please tick) ❒

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

PAYMENT OF ACCOUNTS – only complete if different from primary caregivers. A signature is required (see last page)

❒ Secondary caregiver ❒ other (*give contact details below*)

❒ Both

Full Name:
Relationship to student:
Address:

Email:

TRANSPORT TO SCHOOL

Travel to Nelson College by bus? ❒ Yes ❒ No

If yes, which bus? ❒ City boundary (Atawhai) ❒ Motueka (Inland) ❒ Motueka (Coastal) ❒ Hira ❒ The Glen

❒ Tui Glen ❒ Dodsons Valley ❒ Rai Valley ❒ Richmond/Stoke ❒ Mapua ❒ Wakefield ❒ Tahunanui

HEALTH INFORMATION - For the ongoing health and wellbeing of your son please answer all questions in full. Information is for use by management, health professionals and counsellors only.

Family Doctor:	**Dentist:**
Conditions/allergies *.e.g. Asthma, wasp stings*	**Treatment** *e.g. Carries own inhaler (self-administers)*

MEDICATION

Allowed Paracetamol: ❒ Yes ❒ No **Allowed Ibuprofen: ❒ Yes ❒ No** **Allowed Antihistamine: ❒ Yes ❒ No**

Do you require the College to hold and/or administer medication for your son? ❒ Yes ❒ No
If 'Yes' the College will make contact to confirm details and complete the necessary consent form/s

Details of the medication:

IMMUNISATION

Is your son fully immunised? ❒ Yes ❒ No

We strongly advise that prospective students are up-to-date with routine vaccinations PRIOR to starting the school year.

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

Please give details of any treatment and or medication:

Medical Treatment

Parents/Caregivers give permission for the administering of first aid by staff with first aid training. Non-prescribed medication will be given (according to the dosages specified) in emergency situations only. A register is kept of the medication and treatment given. Students who require non-prescription medication on a semi-regular basis are encouraged to provide their own supply that will be held in the Prep Office for their use only.

LEARNING SUPPORT (Supporting documentation must be supplied)

Has your son

Been diagnosed with learning or behavioural conditions *e.g. ADHD, Dyslexia, ASD* ❒ Yes ❒ No

Been involved with learning support programmes: eg. *RTLB support, Teacher Aide* ❒ Yes ❒ No

Been involved with English Language Learning tuition eg. *ESOL* ❒ Yes ❒ No

Had Special Needs Funding ❒ Yes ❒ No

Describe any special circumstances (learning or behavioural) the school should be aware of that may affect class work, sporting or cultural activities:

DOCUMENTS TO BE PROVIDED Please tick that you have included the following with your enrolment

1. Proof of 'Domestic Status' - ie a copy of NZ Birth Certificate, Passport, Residents Permit or similar ❒
2. Application fee of $30 (see banking details below) ❒
3. Learning conditions documentation, if applicable ❒

Enrolment Terms & Conditions

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

☐ **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)

☐ **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.

This student's work and/or photograph may be used in Nelson College publications, website and for 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 and other relevant institutions including the Nelson College Old Boys Association.

Name of Parent/Legal Guardian _____

Signature of Parent/Legal Guardian _____ Date: ___ / ___ / ___

Signature of Student _____ Date: ___ / ___ / ___

Person responsible for payment of account (*if different from above*)

Full Name _____

Signature _____ Date: ___ / ___ / ___

Return of form and payment details

Please post/email this form to the address below with the enrolment fee of $30.00, a copy of your son's birth certificate or citizenship certificate or NZ residency class visa.

Payment can be made by cash or online payment using the following details:
Account: Nelson College Account number: 030703 0365073 03
Reference: Prep Details/description: Son's name/Year of entry (eg.Sam Brown/2030)

Please give the date of your online payment: _____

RICHARD NOTT, HEAD TEACHER
NELSON COLLEGE PREPARATORY SCHOOL
PRIVATE BAG 16, NELSON, 7042, NEW ZEALAND

Tel: (03) 5483099 Prep office: prep@nelson.school.nz www.nelson.school.nz