

# FLAXMERE COLLEGE APPLICATION FOR ENROLMENT, 2016

Surname: \_\_\_\_\_ First Names: \_\_\_\_\_

Home Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

This number will be used to advise you, by text, if your child is absent.

Email Address: \_\_\_\_\_ Previous School: \_\_\_\_\_

Do you have a computer with internet access at home? YES/NO

Gender: Male/Female I would like to enrol in: Year 7 Year 8 Year 9 Year 10 Year 11 Year 12 Year 13

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Ethnic Group: \_\_\_\_\_ (For statistical use only)

*Maori/European/Samoan/Cook Island/Asian/Other - please specify*

If you were born out of NZ, please indicate when you 1<sup>st</sup> attended school in NZ: \_\_\_\_\_ (month & year)

Date of arrival to NZ: \_\_\_\_\_

Iwi Affiliation: \_\_\_\_\_ What languages are spoken at home? \_\_\_\_\_

National Policy requires that we obtain a copy of an official document that states the student's age and entitlement to enrol, such as a Full NZ Birth Certificate, Passport, Residency Permit etc.

## Parents/Caregiver Details

Caregiver 1: \_\_\_\_\_ Relationship to Student: \_\_\_\_\_  
FIRST Name LAST Name

Address: (if not same as above) \_\_\_\_\_

Occupation: \_\_\_\_\_ Place of Work: \_\_\_\_\_ Work Ph: \_\_\_\_\_

**Caregiver 2:** \_\_\_\_\_ **Relationship to Student:** \_\_\_\_\_  
FIRST Name LAST Name

**Address:** (if not same as page 1) \_\_\_\_\_

**Occupation:** \_\_\_\_\_ **Place of Work:** \_\_\_\_\_ **Work Ph:** \_\_\_\_\_

**Special Family Notes (helpful if child not living at home):** \_\_\_\_\_

## **Emergency Contact** (The school must be able to contact someone by phone in the case of an emergency)

**Name:** \_\_\_\_\_ **Relationship to Student:** \_\_\_\_\_

**Address:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

## **Student's Medical Information**

**List any Health Problems:** \_\_\_\_\_ **Details of Medication** \_\_\_\_\_

**Family Doctor:** \_\_\_\_\_

I give permission for the school to issue my child with panadol if necessary  YES  NO

I give permission for the school to seek appropriate medical attention for my child in the case of an emergency  YES  NO

## **Additional Information**

**Do you have any brothers/sisters at this school?**  YES  NO

**Names:** \_\_\_\_\_

**Did your child have an I.E.P (Individual Education Plan) at his/her previous school?**  YES  NO

**Please list any other support your child has received from outside agencies (e.g CYFS, Taiwhenua, GSE, DOVE, Directions):** \_\_\_\_\_

Did your child have extra support e.g. in maths, language, reading, ESOL, ELLS, Kura Kaupapa etc at his/her previous school? (please specify) \_\_\_\_\_

Has your child ever been stood-down or suspended from school?

YES  NO

Special Interests: (e.g. Sports, Culture, Musical Instruments) \_\_\_\_\_

*I/we agree that the information contained in this form may be used by Flaxmere College for educational and administrative purposes and for any other purpose of advantage to this student. I authorise Flaxmere College to ask my child's previous school for any relevant school records.*

*I/we will pay any expenses or fees incurred by our son/daughter.*

*I/we will ensure our son/daughter follows school rules, uniform codes and standards.*

*I/we allow photographs of our son/daughter to be used for school and promotional use.*

*I/we will do all that we can to encourage and support our son/daughter in taking part fully in the life of the school.*

Parent/Guardian Signature: \_\_\_\_\_ Name: \_\_\_\_\_

I undertake to attend school every day, to be co-operative, to obey the school and ICT rules, and to be courteous and considerate to others.

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**FLAXMERE COLLEGE IS PROUD TO BE A 100% SMOKE FREE SCHOOL**

**SCHOOL USE ONLY**

Accepted

Enrolment No:

Start Date:

*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.*

Refer to:  SENCO Interview

HOY \_\_\_\_\_

SLT

Guidance Team \_\_\_\_\_

Nurse

Other \_\_\_\_\_

# FLAXMERE COLLEGE

## PERMISSION FOR STUDENT TO LEAVE SCHOOL FOR ACTIVITIES

I, \_\_\_\_\_ as parent/caregiver enrolling \_\_\_\_\_

give consent for him/her to take part in the activities that the school will organize throughout his/her enrolment at Flaxmere College. These may include, but are not limited to:

- Sports trips
- Marae
- Aquarium
- Library
- Movies
- Class trips

**I acknowledge that risk of injuries is inherent in physical activities. While I am aware that staff will take all due care I recognize that accidents may occur.**

The staff and supervisors have my authority to take whatever action they think necessary to ensure the safety, well being and successful conduct of the participants as a group or individually in any of the school activities.

If my child becomes ill or is accidentally injured, Flaxmere College may obtain on my behalf whatever medical treatment my child requires at my expense.

I will ensure that the College office is always fully aware and has up to date medical details relating to my child, as well as up to date contact details in case of an emergency.

I acknowledge that Flaxmere College accept no liability for any personal injury or property loss suffered by my child during these events.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

*Parent/Caregiver*

