



# WAIHEKE HIGH SCHOOL

11 Donald Bruce Road, Waiheke Island  
 Telephone: (09) 372 2572, Fax: (09) 372 5474  
 Email: enquiries@waihekehigh.school.nz

ID NUMBER <i>(office use)</i>
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## ENROLMENT FORM

<b>CHECKLIST</b> <i>(enrolling staff member to complete)</i>	<b>Filled in by .....</b> <i>(teacher code)</i>	
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>
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<b>BIRTHDATE</b>	<b>GENDER</b>	<b>BUS ROUTE</b>	<b>ENTRY DATE</b> / /	<b>PREVIOUS SCHOOL</b>
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<b>COUNTRY OF BIRTH</b>	<b>ETHNIC GROUP</b>	<b>MAIN LANGUAGE SPOKEN AT HOME</b>
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<b>STUDENT'S HOME ADDRESS</b>
Street: .....
Suburb: .....
Town: .....
Phone: ( ) .....
Email : .....

<b>EMERGENCY CONTACT: (other than family)</b>
Name: .....
Phone: ( ) .....
Relationship to Student: .....

<b>MOTHER/CAREGIVER (at Student's Address)</b>
Relationship: .....
Surname: .....
First Name: .....
Occupation: .....
Works at: .....
Phone Day:..... A/H: .....
Email:.....

<b>FATHER/CAREGIVER (at Student's Address)</b>
Relationship: .....
Surname: .....
First Name: .....
Occupation: .....
Works at: .....
Phone Day:..... A/H: .....
Email:.....

<b>IWI/HAPU</b>	
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: .....	Iwi/hapu: .....
Rohe (Iwi/hapu home area): .....	Rohe (Iwi/hapu home area): .....

<b>NAMES OF FAMILY at Waiheke High School-Brothers/Sisters</b>		
.....		
House Group: .....	House Group: .....	House Group: .....

STUDENT'S NAME:..... YEAR:.....

## ACADEMIC INFORMATION

	Yes	No	
Copy of student's latest school report enclosed (optional)			
Copies of other certificates of academic achievement enclosed (optional)			
Does your child wish to be considered for a place in the "Gifted and Talented" programme?			
If Yes, please identify the area/s in which you consider your child to have <u>unusually</u> high ability :			
Reading	Writing	Oral Language	Mathematics
Science	Sport	Social Science	Dance/Drama
Art	Music	Languages	Cultural Knowledge
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 : .....		
.....		

<b>OPTION CHOICES</b> - For the Year you are enrolling into, please indicate your Option Choices		
Year 9 – 4 options		
Year 10 – 4 options		
Year 11 – English, Mathematics, Science and 2Options		
Year 12 – English and 4 Options		
Year 13 –5 Options		
_____	_____	_____
Option 1	Option 2	Option 3
_____	_____	
Option 4	Option 5	

<b>CO-CURRICULAR / OTHER INTERESTS AND PERSONAL ASPIRATIONS</b>				
One of the guiding principles of the school is the active participation of all students in co-curricular activities:				
Sport and / or cultural activity in which my son/daughter will participate:.....				
(specify one major activity only as listed in the prospectus)				
Sport and / or cultural activity in which my child also wishes to participate: .....				
(you may specify as many as you like from the list in the prospectus)				
Other personal interests and personal aspirations: (List) .....				
Copies of certificates of personal achievement enclosed (Optional)			Yes	No

STUDENT'S NAME:..... YEAR:.....

## MEDICAL INFORMATION

Doctor: ..... Dentist: .....

Medical History: Please tick the boxes below if your son/daughter suffers any of the following medical conditions or allergies:

Anaesthetics	Aspirin	Bee Stings	Codeine	Food Allergy
Insect Bites	Penicillin	Sulphur	Sunlight	

Other: .....

Medication required:

.....  
.....

Other medical condition or disability:

.....  
.....

## HEALTH STATEMENT

All students should have completed their Childhood Immunisation Programme before commencing secondary school. Has your son/daughter had the following vaccinations: Tick box if YES.

Flu	Hepatitis B	Meningococcal B	MMR
Polio Sips	TB	Tetanus	

Please give details if your child is on permanent medication or is having medical treatment.

Permanent medication: .....

.....

Medical treatment: .....

.....

Is there any reason why your child may not be able to take a full and active part in the school programme (eg. Physical Education)?

Yes

No

If Yes, please provide details:.....

.....

Is there anything of importance about your child's health not covered above which may be of value to the School Nurse?

Please provide details:.....

.....

Does the student have a physical condition that might affect classroom learning eg. hearing loss, need for glasses, motor skills loss etc? If Yes, please explain

.....

.....

I am aware that the school has a nurse on site.

Yes

STUDENT'S NAME:..... YEAR:.....

**PRIVACY OF INFORMATION**

I agree to Waiheke High School collecting personal information on:

Full name of student:.....

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.

Signed:..... Signed:.....  
Student 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 Birth Certificate Yes 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:.....

**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.

**IN CASE OF AN ACCIDENT OR EMERGENCY**

When the school cannot contact you, or the illness is serious, the school nurse may need to take your son/daughter to an Accident and Emergency Clinic. If hospitalisation is required an ambulance may need to be called. I give permission for the school to make the necessary arrangements for the treatment of my son/daughter in an emergency and agree to meet any costs incurred.

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:.....