



# ENROLMENT FORM

<b>Legal Last Name:</b>	<b>Legal First Name(s):</b>
<b>Preferred Last Name:</b>	<b>Preferred First Name:</b>
<b>Date of Birth:</b>	<b>Male / Female</b>
<b>Previous School:</b>	
<i>I authorise Waihi College to ask my child's previous school for any relevant school records. <b>YES/NO</b></i>	
<b>Year Level:</b>	<b>Start Date:</b> / /202
<b>Office:</b>	<b>Class:</b> <b>Office:</b> <b>AKO:</b>
<i>The following information is collected for the purpose of contacting parents/caregivers should the need arise. It is also collected for the purpose of forwarding school reports and other school notices.</i>	
<b>MOTHER:</b> ..... Address: ..... ..... Phones: Home: ..... Work: ..... Cell: ..... Email: ..... Occupation: ..... <i>Student living with? Yes / No</i>	<b>FATHER:</b> ..... Address: ..... ..... Phones: Home: ..... Work: ..... Cell: ..... Email: ..... Occupation: ..... <i>Student living with? Yes / No</i>
<b>CAREGIVER / STEP PARENT (Circle):</b> NAME: ..... Address: ..... Phones: Home: ..... Work: ..... Cell: ..... Email: ..... Occupation: ..... <i>Student living with? Yes / No</i>	<b>EMERGENCY CONTACT (Local):</b> NAME: ..... Address: ..... Phones: Home: ..... Work: ..... Cell: ..... Relationship: ..... (to student)
<b>SIBLINGS</b> at Waihi College:	<b>HOUSE:</b> Amaranth / Dominion / Empire / Royal
<b>MEDICAL INFORMATION</b> <i>(This information is held on file to assist in the case of an emergency)</i>	
<b>Does your child have any known medical conditions? Please state below:</b>	
<b>Does your child take regular medication? Please state below:</b>	
Allowed:(please circle) <b>Panadol</b> :Yes / No <b>Ibuprofen</b> : Yes / No <b>Antihistamine</b> : Yes / No	
<b>Name of Doctor:</b>	<b>Phone:</b>
<b>Food Requirements:</b> Vegetarian    Vegan    Dairy Free    Gluten Free    Other.....	
<b>LEARNING SUPPORT INFORMATION</b>	
<b>Does your child have a learning diagnosis (eg Dyslexia, ADHD, ASD, etc)? Please state:</b>	
<b>Does your child take regular medication for this diagnosis? Please state:</b>	
<b>Do you have supporting documentation you can share with the school?</b>	<b>YES/NO</b>
<b>Has your child had any intervention/learning support in their previous school?</b>	<b>YES/NO</b>

<b>ETHNICITY, please state:</b>		
Student's first language:		
Language spoken at home:		
<b>IWI: If the student is of New Zealand Māori descent, please enter the name(s) of their Iwi.</b>		
1. _____	2. _____	3. _____ Unknown
<b>REQUIRED PAPERWORK:</b>		
Birth Certificate or Passport / Visa		<input type="checkbox"/>
Custody Order: Parenting, Protection & Access		<input type="checkbox"/>
Vaccination Information		<input type="checkbox"/>
<b>BUS ROUTE:</b>		
<b>Please circle:</b>		
Beach/Pios	Whangamata/Golden Valley	Waikino/Waitawheta
Beach (North End)	Beach (Wilson Road)	Waimata/Waitawheta

The information on this form is collected and used by the school in educating your child, and for associated school activities. It is available to all school staff and to members of the Board of Trustees. Please advise the school if you have any concerns about disclosure of any information within school.

Addresses and phone numbers are collected at time of enrolment and during the student's time at school so that the school can contact the parent or student as necessary. The school is sometimes obliged by law to give information to Government Departments (MoE, MSD and MoH). Other than your contact details, no information will otherwise be disclosed without your authorisation. This is so young people who may have difficulty finding future employment; training or future 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.

You have the right to request access and to request correction of information held about you by the school. We would be grateful if you could contact the school office if any details need to be changed, especially contact details.

\*\*\*\*\*

**Parents or Guardian's Undertaking: (Please read the College Prospectus before you sign.)**

*I agree that my son/daughter's ID photo and any photos taken of them during school activities may be used for school records and/or promotional reasons, including social media. Please advise the school if you have any concerns about publication of your child's photos.* **YES/NO**

*I give permission for my son/daughter to participate in low risk, out of class activities within a 15km distance of the College. These activities will be supervised by school staff.* **YES/NO**

*I understand that the school fees are donations and as such are not compulsory. However, I will do my best to pay them in the interest of my child's education. All fees associated with sport participation need to be paid before participating again the following year.* **YES/NO**

*I undertake to observe the rules and regulations of Waihi College, below, in so far as they affect me, and to support the College in seeing that my son/daughter also observes them.*

1. **Attendance** - Ensure that contact is made with Waihi College regarding student absence
2. **Phones away for the Day** – phones are not permitted for use between 8.45am and 3.10pm
3. **Uniform** – students are expected to be in full school uniform each day
4. **BYOD** – students are expected to have their own device and bring this to school with them each day, fully charged.

Signature of Caregiver 1 \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Caregiver 2 \_\_\_\_\_ Date: \_\_\_\_\_