

PLEASE FILL IN ALL DETAILS



SPOTSWOOD COLLEGE

Te Kura Tuarua O Ngamotu

ENROLMENT FORM

2017

For Deans use only:

Whanau : _____

Core Class: _____
(Yrs 9 & 10)

ORS Funded: N/H/V/S

SECTION A:

Date of interview : _____ **START DATE** : _____

Students Family Name: _____

First Name: _____ Middle Name: _____

Preferred Name: _____

Gender (circle): M / F Date of Birth: _____

Level (circle): **Yr 9** **Yr 10** **Yr 11** **Yr 12** **Yr 13**

Previous school : _____

Student Cellphone Number : _____

Ethnicity: New Zealand/European () Maori () Other (Specify) _____

Iwi affiliation: _____ Country of Birth: _____

New Zealand Resident: Yes / No
If yes, please go to Section C

COPY of N.Z Birth Certificate
COPY of N.Z. Passport

**Must get
a copy**

Serial No : _____

SECTION B: NON-NZ CITIZENS

1. Eligibility for enrolment at a New Zealand Secondary School

NZ Resident Int (Foreign) Fee Paying Student Student Exchange

Other _____

2. Verification Documents:

Medical Certificate with immunisation data

Passport State/Country _____ Student Visa/Permit

Parent Work Permit (Must get a copy) Other Specify _____

Document Serial # (of verification): _____

3. FF/Ex Details:

Exchange Scheme: AFS EF Other _____

ESOL: Yes / No Country of Birth: _____

Citizenship: _____ First Language: _____

SECTION C: PARENTS/CAREGIVERS

MAIN CAREGIVER (Lives with)

Surname: _____

First Name: _____

Relationship to student: _____

Home phone: _____

Cell Phone: _____

Email: _____

Address: _____

Suburb/Town: _____

Post Code: _____

Work Place: _____

Work Phone: _____

MAIN CAREGIVER (Lives with)

Surname: _____

First Name: _____

Relationship to student: _____

Home phone: _____

Cell Phone: _____

Email: _____

Address: _____

Suburb/Town: _____

Post Code: _____

Work Place: _____

Work Phone: _____

If you have a different BILLING address - please contact our Accounts Department

Secondary Caregiver: (if applicable)
(e.g. Joint custody/Grandmother/Aunt/Uncle)

Surname: _____

First Name: _____

Relationship to student: _____

Home Phone: _____

Cell Phone: _____

Email: _____

Address: _____

Work Place : _____

Work Phone : _____

Copy of Report: Yes / No (for extra report)
(Address Details given)

Secondary Caregiver: (if applicable)
(e.g. Joint custody/Grandmother/Aunt/Uncle)

Surname: _____

First Name: _____

Relationship to student: _____

Home Phone: _____

Cell Phone: _____

Email: _____

Address: _____

Work Place : _____

Work Phone : _____

Copy of Report: Yes / No (for extra report)
(Address details given)

SECTION C (Cont):

PLEASE FILL IN ALL DETAILS

Emergency Contacts:

Name: _____

Phone: _____ Work Phone: _____

Cellphone: _____

Address: _____

Relationship to student: _____

Siblings/ Family Circumstances

Name of brother/s, sister/s **currently** at Spotswood College:

Special Family Circumstances/ Custodial Arrangements We Should Know About:

Further Documentation: _____ attached Y / N

See attached Policy "Dealing with custodial parents" (NAG 5)

SECTION D: HEALTH

(PLEASE FILL IN IF ANY MEDICAL PROBLEMS)

Medical Problems/Any Information: _____

Allergies: _____ ORS Funded Yes () No ()

Doctor: _____ Dentist: _____

Medical Certificate:- In the event of the College closing due to a measles/or other medical epidemic the College will require a Doctors Certificate to confirm that immunisation has taken place before the Student will be permitted to return to school.

If possible please attach a copy of the immunisation record.

Immunised against MMR (measles, mumps and rubella) Yes () No () Not sure ()

Any additional relevant information regarding your child's Medical Conditions would be greatly appreciated, including details of any past medical history that may be of importance.

SECTION E: TRANSPORT

Method of coming to school _____

FOR BUS STUDENTS (Tick which bus route)

Omata () Oakura () Okato () Bell Block () Waitara () Egmont Village () Inglewood ()

New Plymouth City () Other ()

SECTION F: SUBJECT SELECTION (see Year 9 Curriculum Book)

Starting Year Only

Year 9: Choose TWO Option Subjects from each Learning Area

TECHNOLOGIES

LANGUAGES

ARTS

1. _____

1. _____

1. _____

2. _____

2. _____

2. _____

(Reserve) _____

Year 10: Three Option Choices:

1. _____

2. _____

3. _____

Year 11-12-13: Six Subject Choices:

1. _____

2. _____

3. _____

4. _____

5. _____

6. _____

SECTION G: AGREEMENT

We wish your child to have a positive learning experience at Spotswood College. Therefore we ask you, as parents and caregivers, to agree to do the following:

- 1) Encourage your child to participate in as many school activities as possible.
- 2) Support your child to attend all lessons.
- 3) Ensure your child is provided with and attends in the correct uniform (dress code for Year 13).
- 4) Ensure your child is provided with correct equipment for learning.
- 5) Liaise with the school on all matters affecting the welfare of your child.
- 6) Assist your child to abide by the Regulations as laid down by the Ministry, the Board of Trustees as well as other school rules and directions given by the Principal and staff.
- 7) Permission to display/publish your child's work and name for purpose of acknowledgement and celebrating their success/achievement.
- 8) Attend IDP (Goal Setting) meetings with Whanau teachers.
- 9) Contact the school or Board of Trustees if you have any queries or concerns regarding your child.
- 10) That the Parent Teacher Association (PTA) can use your contact details to inform you of important school events.

I agree to support Spotswood College in the areas listed above (1-10)

I permit information on my child to be made available to this school, or to a further learning institution our student may attend. Information will be dealt with according to our Privacy Policy to ensure information security and sensitivity.

SIGNATURES:

Parent: _____ Parent: _____

Teacher: _____ Dated : _____

SECTION H: PRIVACY

The information on this form as well as achievement and engagement information collected by teachers and deans is used by the school to enhance the education of your child. It is available to all staff of the school and to members of the Board of Trustees. Please advise the school if you have any concerns about disclosure of any of the information collected about your child. This information is collected according to our Privacy Policy and procedures regarding the collection, storage and access of personal information. This policy is available on request.

The school is sometimes obliged by law to give information to government departments (e.g. Ministry of Education and Ministry of Health) but it will not otherwise be disclosed without your authorisation.

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

From time to time the school takes photographs of students to record activities within the school for the students' learning journals, for the school newsletter and for the school website. It is the school's practice that photographs for publication are positive depictions of students involvement in learning activities. Please advise the school if you have any concerns about publication of your child's photograph.

Signed: _____ (Parent/Guardian)

Date: ____ / ____ / ____

ENROLMENT PROCESS CHECKLIST :

Deans to complete :

Enrolment form has been fully completed :

- All sections A - F have been completed
- Section I (Cyber Safety Agreement) has been signed
- An interview time has been arranged : When : _____
With Whom : _____
- We have a copy of the students Birth Certificate/ Passport / Student Visa
- Section G and H have been signed

Add to end of Enrolment Form
To get NAG—5 Dealing with Non-
Custodial Parents Policy— Anne Bovett did
this.