

Application for Enrolment

2015



Enrolment will be confirmed by the Principal or a designated representative. Please note that it is necessary for us to sight the Student's Birth Certificate and keep a photocopy of it.

STUDENT INFORMATION:

Family Name: _____	Year: 7 8 9 10 11 12 13 (please circle)
First Name: _____	Gender: M / F
Middle Name(s): _____	Date of Birth: ___/___/___
Preferred Name: _____	Date of enrolment at this school: ___/___/___
Home Address: _____ _____	Student Mobile Phone #: _____
	Postcode: _____
Mail reports to: Mr Mrs Miss Ms (Please circle)	Nationality: _____ (if dual nationality please circle preferred)

(Parents/Caregivers Surname)	
Address if different from above: _____	
Last school attended: _____	First Language – English / Maori / _____
Other family members at school (name and date of birth): _____	

PARENT / CAREGIVER 1

Family Name: _____	Occupation: _____
Title: Mr Mrs Miss Ms (please circle)	Workplace: _____
First Names: _____	Relationship to student: _____
Address: _____ _____	Does the enrolled student live with this caregiver? Yes/ No
	Is this parent/caregiver a legal guardian? Yes / No
Home Phone #: _____	Work Phone #: _____
Mobile Phone #: _____	Email address: _____
	Would you like Newsletter emailed? Yes / No

PARENT / CAREGIVER 2

Family Name: _____	Occupation: _____
Title: Mr Mrs Miss Ms (please circle)	Workplace: _____
First Names: _____	Relationship to student: _____
Address: _____ _____	Does the enrolled student live with this caregiver? Yes/ No
	Is this parent/caregiver a legal guardian? Yes / No
Home Phone #: _____	Work Phone #: _____
Mobile Phone #: _____	Email address: _____
	Would you like Newsletter emailed? Yes / No

ENROLMENT ENTITLEMENT

Is the enrolling student either a New Zealand citizen, and Australian citizen or a New Zealand resident?

YES / NO (please circle)

If no, please comment: _____

Verification of entitlement to enrol is required to meet Ministry of Education regulations. Verification could include a copy of a birth certificate or passport.

Verification attached (please tick)

CUSTODY/ACCESS ARRANGEMENTS

(attach separate sheet if more space required)

COURT ORDER ISSUED YES / NO / N/A (please circle)

If yes, please provide a copy of any court order to be confidentially retained on the student's file.

EMERGENCY CAREGIVER NO. 3

(this section is to be completed in case of emergency if Parent/Caregiver cannot be contacted)

Surname: _____ Title: Mr Mrs Miss Ms (please circle)

First Names: _____ Relationship to student: _____

Address: _____ Occupation: _____

Home Phone #: _____ Work Phone #: _____

Mobile Phone #: _____

EMERGENCY CAREGIVER NO. 4

(this section is to be completed in case of emergency if Parent/Caregiver cannot be contacted)

Surname: _____ Title: Mr Mrs Miss Ms (please circle)

First Names: _____ Relationship to student: _____

Address: _____ Occupation: _____

Home Phone #: _____ Work Phone #: _____

Mobile Phone #: _____

ETHNIC GROUP

(this section must be completed to enable accurate data to be maintained for the Ministry of Education)

(Please circle/identify)

NZ European - Pakeha / NZ Maori / Samoan / Cook Island / Tokelauan / Fijian / Niuean / Other _____

For NZ Maori do you identify with Ngai Tahu (tick if yes) or other iwi (please identify): _____

INTERESTS / ABILITIES / COMMENTS

Sports _____

Cultural _____

Other _____

General Comments: _____

SUBJECTS / OPTIONS

For new students in Years 10 – 13 only. This will be confirmed by the Year level Dean (leave blank if unsure).

Subject choices 1: _____

2: _____

3: _____

4: _____

5: _____

6: _____

STUDENT MEDICAL INFORMATION

Asthmatic Diabetes Epilepsy Hayfever Headaches Hearing

Sight Speech Other: _____

Mild / Moderate / Severe (please circle)

Comment/Medication: (if any) _____

Note a separate consent form is required to be signed for staff to administer medication

Doctor: _____ Phone: _____ Dentist: _____ Phone: _____

In the case of injury I understand that this student may need to be treated by Aurora College trained First Aid staff or the public hospital.

STUDENT SAFETY

- Lunchpass requested Yes / No (delete one). Please note students may only go to their own home for lunch.
- Vehicle pass requested Yes / No (delete one). This is for the named student only to bring a car / motorbike to school. Separate permission is required for passengers
- Local Police are aware of our school lunch and vehicle pass requirements. Students are required to carry their lunch and vehicle passes with them. The school reserves the right to withdraw a pass if the rules are not observed. We also work closely with local Police with education programmes such as Keeping Ourselves Safe and Drug Education. Drug detection dogs are invited to visit our school as part of the education programme.

STUDENT COMPUTER AND INTERNET USE

We have read and understood the student computer and internet use agreement (enclosed) and know the importance of the school rules for the use of computers and the internet, as well as the possible consequences of breaking these rules. I give permission for this enrolled student to be given access at school to global information systems such as the Internet and / or email.

PARENT / CAREGIVER HELP

I would be willing to help in the following areas:

- Parent reference group to meet with and provide feedback to our Board of Trustees: Yes / No
- Coaching Sport: _____ (give details)
- Managing Sport: _____ (give details)
- Fundraising: _____ (give details)
- Other: _____ (give details)

PRIVACY ACT

The personal information we ask you to provide is required to assist the College to enrol your child in an appropriate course of study and to allow the College to provide pastoral and medical care. I understand that the information relevant to their duties may be used by:

- Aurora College Staff, Aurora College Board of Trustees, Aurora College Parent/Teachers Group
- Department of Children, Young Persons and Their Families Agency, Ministry of Education, New Zealand Qualifications Authority, Education Review Office
- Other agencies where the information is required to maintain law and order as defined in Principle II of the Privacy Act 1993.
- I understand that students' achievement (and possibly photograph) could be published in the school's newsletter (which appears on the school website), newspaper, prospectus, magazine and the school's Annual Report. Parents can request this information is restricted by contacting the school office.

PARENTS AND STUDENTS

- We agree to comply with the rules and procedures of Aurora College.
- We understand and agree to follow the personal presentation and uniform requirements (enclosed) established by Aurora College Board of Trustees

Signature of Parent/Caregiver(s): _____

Date: _____

Signature of Student: _____

Date: _____

OFFICE USE

Year: _____ Class: _____

Home base (vertical): _____ House: _____

Enrolment Number: _____ Enrol: NSI _____

Username: _____ Password: _____

Date first attended Aurora College: _____ Data entry completed by: _____