

# ENROLMENT FORM

SURNAME: _____ FIRST NAMES: _____ HOME ADDRESS: _____ _____ TELEPHONE (Home): _____ DATE OF BIRTH: _____ / _____ / _____ PREVIOUS SCHOOL: _____ PARENT EMAIL _____	<b>Dean / Office Use Only</b> RE-ENROLMENT <input type="checkbox"/>  Student No: _____ Year Level: _____ House Group: _____ B/Cert or Passport Number: _____
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Please fill in where applicable:

**PLEASE TICK THE PERSON TO BE FIRST CALLED IN THE EVENT OF AN EMERGENCY**

	First call	First Name	Surname	Address(es)	e-mail address	Telephone Numbers	
						Home	Work
Mother	<input type="checkbox"/>						
Father	<input type="checkbox"/>						
Guardian/ Caregivers	<input type="checkbox"/>						
Emergency Contact	<input type="checkbox"/>						
Doctor							
Dentist							

**ETHNICITY** (Tick one or more boxes):

- NZ Maori  Hapu: \_\_\_\_\_ Iwi: \_\_\_\_\_  
 Pacific Island:  Please state - \_\_\_\_\_  
 NZ European   
 Asian  Please state - \_\_\_\_\_  
 Other European  Please state - \_\_\_\_\_

Other: Please state - \_\_\_\_\_

- **If your child was born in NZ a copy of a Birth Certificate or Passport must be attached.**
- **If your child was not born in NZ a copy of Passport and a Visa must be attached.**

### EDUCATION DETAILS

Is your son currently in an Accelerate or Digital class? Please Circle Yes No

### EDUCATION DETAILS (cont.)

Do you wish for your son to be considered for a bi-lingual class    Yes       No     
If yes please indicate his proficiency with Te Reo Māori    Fluent     Proficient     Beginner

Do you wish for your son to be considered for the sports class    Yes       No     
If yes please indicate his sporting achievements    Bay Rep     Provincial Rep     NZ Rep   
Sport/s \_\_\_\_\_

Our sports class is a mainstream class where teachers give a sporting focus to the subjects studied.

### Co-curricular activities

Please indicate any co-curricular interests:

Sporting/Cultural/Other interests: \_\_\_\_\_

PLEASE STATE IF ANY MEMBERS OF YOUR HOUSEHOLD ARE CURRENTLY AT RBHS, OR ARE OLD BOYS OF THE SCHOOL, AND WHICH HOUSE THEY ARE AFFILIATED TO:

NAME: \_\_\_\_\_ HOUSE: \_\_\_\_\_ YEAR LEVEL: \_\_\_\_\_

NAME: \_\_\_\_\_ HOUSE: \_\_\_\_\_ YEAR LEVEL: \_\_\_\_\_

### STUDENTS DECLARATION:

I agree to abide by all school rules and regulations, including the Student Internet Policy.

Student signed: \_\_\_\_\_ Date: \_\_\_\_\_

### PARENT/GUARDIAN DECLARATION:

I/We also agree to the school:

1. Requesting relevant information from other schools for enrolment purposes.
2. Forwarding relevant information to another school for enrolment purposes.
3. Forwarding relevant information to other institutions for the purposes of qualifications entry.
4. Forwarding contact information to government ministries as required by law.
5. Using information for statistical purposes.
6. Using our son's name and photo on the school website and other school publications.

Parent/Guardian signed: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian signed: \_\_\_\_\_ Date: \_\_\_\_\_

### MINISTRY OF EDUCATION REQUIREMENT 2005

#### Copy of Birth Certificate or Passport

“Attached to every enrolment form, there should be a **copy** of *the student's New Zealand Birth Certificate* if born in New Zealand.

For all other students, a copy of their **Passport**, showing their current residency status, must be attached to every enrolment form.

## STUDENT'S HEALTH RECORD

Year Level: \_\_\_\_\_

In order for us to care for your son in any illness/emergency situation, could you please complete the following in BLOCK CAPITALS. (*This is required IN ADDITION to information given on enrolment form*).

STUDENT'S NAME: Family Name: \_\_\_\_\_ First Names: \_\_\_\_\_

Does your son require medication or special consideration due to: Medication required:

Arthritis	YES/NO	_____
Asthma	YES/NO	_____
Diabetes	YES/NO	_____
Epilepsy	YES/NO	_____
Hearing Loss	YES/NO	_____
Impaired Vision	YES/NO	_____
Rheumatic Fever	YES/NO	_____
Other (specify)	YES/NO	_____

Does your son suffer an allergic reaction to:

Food	YES/NO	_____
Medication	YES/NO	_____
Stings	YES/NO	_____
Other (please specify):		_____

\_\_\_\_\_

\_\_\_\_\_

Does he suffer from any other medical condition or disability:

\_\_\_\_\_

\_\_\_\_\_

### STUDENT & PARENT DECLARATION

In accordance with the Privacy Act 1993 requirements I consent to this information being available within the school for the purpose of ensuring personal safety.

Father/Guardian: \_\_\_\_\_ Mother/Guardian: \_\_\_\_\_  
(Where applicable, both signatures are required)

Student: \_\_\_\_\_

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

### UNIFORM SIZE

Please give an indication of your son's uniform size:

12

14

Small

Medium

Large

X- Large