ROTORUA BOYS' HIGH SCHOOL

APPLICATION FOR ADMISSION TO

TAI MITCHELL
BOARDING HOSTEL

PROPOSED STUDENT: _____
CHRISTIAN NAMES (in full) SURNAME

PROPOSED COMMENCEMENT DATE: _____

DOB: _____ Current Form Level: _____Form Level in 2021_____

Current School: _____

Please enclose together with this duly completed application form:

- ☐ A non-refundable Administration fee of $250.00
- ☐ Rotorua Boys' High School Enrolment Form (if not already attending Rotorua Boys' High School)
- ☐ Reference and most recent Report from present school
- ☐ Birth Certificate
- ☐ Medical Certificate
- ☐ Signed Declaration
- ☐ Interview Date Set _____

Address application to:
Rotorua Boys' High School
Hostel Application
Pukuatua Street
Rotorua

OFFICE USE ONLY

Administration Fee Paid: ..... ☐ Date Acknowlegement Sent: ..... ☐

Interveiw Completed ..... ☐ Inteviewed by: ..... ☐

Hostel Commencement Date: ..... ☐

Student Loaded on KAMAR ..... ☐ Hostel Fees Loaded on KAMAR: ..... ☐

Copied to: ..... Hostel Master ☐ Hostel Manager ☐ Doctor ☐ Dean ☐

STUDENT DETAILS & DECLARATION

Student's Name _____
Christian Names Surname

Date of Birth _____ Age as at 1st January next _____yrs _____mths

Ethnic Background _____ (Tribe)
_____

Present School _____
Present Class _____

_____
Form _____ Year _____

To be completed by **both** parents/guardians

FATHER

Full Name
_____

Private Address _____

_____

_____

Phone
_____

Phone (Bus) _____

Occupation
_____

MOTHER

Full Name
_____

Private Address _____

_____

_____

Phone
_____

Phone (Bus) _____

Occupation
_____

DECLARATION

1. I _____am the Natural/Adoptive Parent/Legal Guardian of the applicant.

2. The applicant and I have read the Hostel Handbook and have sighted and agree to expectations regarding:
   - (i) Hostel Rules and Conventions
   - (ii) Hostel Fees Policy
   - (iii) Hostel Property Damage Policy
   - (iv) Personal Computer Policy
   - (v) Property Damage Policy
   - (vi) Hostel Early Withdrawal Policy
   - (vii) Damage/Loss of Personal Effects Policy
   - (viii) Hostel Refund Policy
   - (ix) Search and Seizure Policy
   - (x) Substance Abuse Procedures
   - (xi) Using our son's name and photo on the school website and other school publications

3. Please print the name and address of the person(s) or organisation to whom the accounts should be sent and who is directly responsible for the payments of the accounts.

   Name
   _____

   Address
   _____

   _____

   Signature of Parent/Guardian _____ Date: _____

MEDICAL DETAILS

Student's Name _____
(Christian Names) (Surname)

Date of Birth _____

HAS HE UNDERGONE ANY OPERATION? If so, give date and particulars

_____

_

_____

_

HAS HE HAD A SERIOUS ILLNESS OR ACCIDENT? If so, give date and particulars

_____

_

_____

_

HAS HE HAD:

Measles	yes ☐	no ☐	Recurring Tonsillitis	yes ☐	no ☐	Meningitis	yes ☐	no ☐
Mumps	yes ☐	no ☐	Ear Infection	yes ☐	no ☐	Hepatitis 'A'	yes ☐	no ☐
Chickenpox	yes ☐	no ☐	Glandular Fever	yes ☐	no ☐	Hepatitis 'B'	yes ☐	no ☐
Malaria	yes ☐	no ☐	Rheumatic Fever	yes ☐	no ☐	Pneumonia	yes ☐	no ☐

DOES HE HAVE:

Epilepsy	yes ☐	no ☐	Sight problems	yes ☐	no ☐	Diabetes	yes ☐	no ☐
Hayfever	yes ☐	no ☐	Hearing Loss	yes ☐	no ☐	Asthma	yes ☐	no ☐

Bed Wetting Problems yes ☐ no ☐

Long term medication _____

Other illnesses

_____

_____

_

Allergies - **please specify**

To medication _____

To foods

_____

Immunisation Status:

Please attach a copy of your sons immunisation certificate. This can be found at the back of their Wellchild Tamariki Ora Health Book (also known as plunket book)

If you don't have this please obtain a copy of your sons imminisation records from your family GP.

NEXT OF KIN (To be notified in case of emergency)

1. Name _____ Relationship _____
   Address _____ Phone (Home) _____
   _____ Phone (Work) _____
2. Name _____ Relationship _____
   Address _____ Phone (Home) _____
   _____ Phone (Work) _____
3. Name _____ Relationship _____
   Address _____ Phone (Home) _____
   _____ Phone (Work) _____

Signature of Parent _____ **Date** _____ **Phone** _____

MEDICAL REPORT

To be completed & signed by **Family Doctor**

Medical Report on behalf of_____ as to state of general health from family Doctor.

Does he have or has he ever suffered from:	**Yes**	**No**	**Details of Medication Required**
Asthma			
Epilepsy			
Diabetes			
Rheumatic Fever			
Other: (Please Specify)			
Does he have any Allergies			
Medication			
Food			
Stings			
Other (Please Specify			
Does the student suffer from any other medical condition, disability or special circumstance?			

Doctors Full Name: _____

Doctors Signature: _____

Date: _____

Drug Testing and Search Consent Form

Student's name: _____

Date of birth: _____

- ☐ I have read the conditions outlined above and understand them.
- ☐ I have read the attached policy documents and understand and accept them.
- ☐ I agree/accept the above procedure as a condition of my son's enrolment and retaining a place at Tai Mitchell Hostel.

Signed: _____ (Parent/Guardian)

Signed: _____ (Parent/Guardian)

Signed: _____ (Student)

Date: _____

Request for administration of medication at school

Name of Student: _____ Date: _____

Form Class: _____Form Teacher:_____

Name of Parent/Caregiver: _____

Address: _____

Phone: (home)_____ (work)_____ (mobile) _____

Health Issue: _____

Name of Medication: _____

Dosage:_____

Time of Administration:_____

Name of Doctor/Specialist:_____

Pharmacy:_____

Any other information we may need to know:_____

_____

- Thank you for ensuring that your young person knows that he is responsible for accessing this medication from the School Health Clinic.
- If there is a change in your young person's medication following a review by your Doctor/Specialist please complete a new 'Request for Administration of Medication' form.
- If you have any concerns please contact the School Nurse or the Hostel Manager.

Signature of Parent/Caregiver: _____

I agree to the establishment of an Automatic payment plan that will see the 2021 fee completed on/or prior to December 4th, 2021
I agree that if I fail to meet the 2021 fee schedule that my son may be asked to remain at home until outstanding fees are paid and/or a suitable payment plan, agreed upon by both parties, is in place. I have also read and understand the early withdrawal fee as per hostel policy and stated on page 6 of the 2021 Hostel handbook.

I agree to the 2021 Tai Mitchell Fee set at **$10,340.00** and understand the early withdrawal fee policy.

_____

Signed Parent/Caregiver

Ministry of Education Multiple Barriers Boarding Allowances

To support our boarders who are recipients of the MOE boarding allowance Tai Mitchell Hostel has a pastoral care programme that includes the following:

1. All first year boarders who receive the funding will receive a $300 uniform grant
2. All year 9 boarders will undertake the Travellers Welbeing and Resilience programme led by the Hostel Chaplain
3. The Hostel Chaplain will provide ongoing pastoral care for all boarders which includes interviews,goal setting and mentoring

This is a wonderful resource for our boarders and gives them the wrap around support they need to be successful.

In signing this application form I agree to the Tai Mitchell Hostel to the Mapihi Pounamu programme for my son.

Boarders Visiting/ Day Leave (all over night/weekend leave **MUST** be confirmed with primary caregivers)

Boarders name_____

Has Permission to visit/ Organise day Leave

_____

_____

_____

_____

_____

Student To Complete:

Please write about yourself in the space below. Say as much as you can about who you are, your family, your personality and why you want to attend Rotorua Boys High School and Tai Mitchell Hostel.

_____
_____
_____
_____
_____
_____
_____
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_____
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