



Rotorua Boys' High School

Ad Astra per Aspera
Whāia Te Iti Kahurangi

TAI MITCHELL HOSTEL

APPLICATION FOR ADMISSION

Please enclose together with this 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

STUDENT DETAILS

CURRENT YEAR LEVEL: _____ YEAR LEVEL ENROLLING FOR: _____

FIRST NAMES: _____

SURNAME: _____

PROPOSED COMMENCEMENT DATE: _____

DATE OF BIRTH: _____ / _____ / _____

AGE AS AT 1 JANUARY NEXT YEAR: _____ YRS _____ MTHS

CURRENT SCHOOL: _____

CURRENT CLASS: _____ FORM/YEAR: _____

ETHNICITY:

- NZ European
- NZ Māori Hapū: _____ Iwi: _____
- Pacific Island Please State: _____
- Asian Please State: _____
- Other European Please State: _____
- Other Please State: _____

Office Use Only

- Administration Fee Paid
- Interview Completed
- Hostel Commencement Date: _____
- Student Loaded on KAMAR
- Hostel Fees Loaded on KAMAR: _____
- Date Acknowledgement Sent: _____
- Interviewed by: _____
- Copied to:
 - Hostel Master
 - Hostel Manager
 - Doctor
 - Dean



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PARENT/GUARDIAN DETAILS:

FATHER

Full Name: _____

Address: _____

Phone: _____ Phone (Work): _____

Occupation: _____

MOTHER

Full Name: _____

Address: _____

Phone: _____ Phone (Work): _____

Occupation: _____

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/Guardian: _____ Date: _____

Boarders Visiting/Day Leave

all over night/weekend leave **MUST** be confirmed with primary caregivers)

Boarder's name: _____

Has permission to leave on the following days: _____



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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's website, social media and other school publications | (xii) Drug Dogs to be walked through the Hostel |
| | (xiii) Hostel boys to receive annually a flu vaccination |

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: _____

- I agree to the establishment of an automatic payment plan that will see the 2022 fee completed on/or prior to December 4th of each year
- I agree that if I fail to meet the 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
- I have read and understand the early withdrawal fee policy as stated in the 2022 Hostel handbook.
- I agree to the 2022 Tai Mitchell Fee set at **\$10,681.00**

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 year 9 boarders receive a \$300 uniform grant on enrolment.
2. All year 9 boarders with the Boarding Allowance undertake the Travellers Wellbeing Programme that is led by the school's Social Worker and the Director of Boarding.
3. The school's Social Worker also provides ongoing pastoral care for all boarders that currently receive this allowance.
4. Arrangements have also been made for a Doctor to be available in the hostel on a fortnightly basis in evening's for boarders to access one on one and in groups and focus on mental wellbeing. This Doctor is in addition to our Nurse and School Doctor.
5. Other pastoral care and support programmes will also be considered and supported from this allowance on a case by case basis when approved by the school's Guidance Counsellor.

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 my son participating in the Tai Mitchell Hostel pastoral care programme.



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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: _____



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DRUG TESTING AND SEARCH CONSENT FORM

Student's name: _____ Date of birth: _____

- I have read the conditions outlined in the Hostel Handbook and understand them.
- I have read the 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: _____

DRUG DOGS TO BE WALKED THROUGH THE HOSTEL CONSENT FORM

Student's name: _____ Date of birth: _____

- I have read the conditions outlined in the Hostel Handbook and understand that Drug Dogs may be walked through the hostel randomly to ensure our hostel is a safe home for our boarders.
- I have read the 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: _____

ANNUAL FLU VACCINATION CONSENT FORM

Student's name: _____ Date of birth: _____

- I give permission for the applicant to receive an annual flu vaccination.

Signed: (Parent/Guardian) _____

Signed: (Parent/Guardian) _____

Signed: (Student) _____

Date: _____



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MEDICAL DETAILS

STUDENT'S DETAILS: Family Name: _____ First Names: _____

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	<input type="checkbox"/> yes	<input type="checkbox"/> no	Recurring Tonsillitis	<input type="checkbox"/> yes	<input type="checkbox"/> no
Meningitis	<input type="checkbox"/> yes	<input type="checkbox"/> no	Mumps	<input type="checkbox"/> yes	<input type="checkbox"/> no
Ear Infection	<input type="checkbox"/> yes	<input type="checkbox"/> no	Hepatitis 'A'	<input type="checkbox"/> yes	<input type="checkbox"/> no
Chickenpox	<input type="checkbox"/> yes	<input type="checkbox"/> no	Glandular Fever	<input type="checkbox"/> yes	<input type="checkbox"/> no
Hepatitis 'B'	<input type="checkbox"/> yes	<input type="checkbox"/> no	Malaria	<input type="checkbox"/> yes	<input type="checkbox"/> no
Rheumatic Fever	<input type="checkbox"/> yes	<input type="checkbox"/> no	Pneumonia	<input type="checkbox"/> yes	<input type="checkbox"/> no

DOES HE HAVE:

Epilepsy	<input type="checkbox"/> yes	<input type="checkbox"/> no	Sight problems	<input type="checkbox"/> yes	<input type="checkbox"/> no
Diabetes	<input type="checkbox"/> yes	<input type="checkbox"/> no	Hayfever	<input type="checkbox"/> yes	<input type="checkbox"/> no
Hearing Loss	<input type="checkbox"/> yes	<input type="checkbox"/> no	Asthma	<input type="checkbox"/> yes	<input type="checkbox"/> no
Bedwetting Problems	<input type="checkbox"/> yes	<input type="checkbox"/> no			

Long term medication: _____

Other illnesses: _____

Allergies - please specify

To medication: _____

To foods: _____

Immunisation Status:

Please attach a copy of your son's 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 son's immunisation records from your family GP.



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MEDICAL REPORT

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

Medical Report on behalf of _____ 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			
Does the student suffer from any other medical condition, disability or special circumstance?			

Doctor's Full Name: _____

Doctor's Signature: _____

Date: _____