



HUANUI COLLEGE
vincit qui se vincit

APPLICATION FOR ENROLMENT

Name

Year

HUANUI COLLEGE

Application for Enrolment

To Submit an Application

Please complete this form and forward to the Enrolment Manager, Huanui College, RD 3, Ngunguru, Whangarei 0173.

The following items are required to be submitted with the application for students:

Photocopy of most recent School Report

Certified Photocopy of Passport or Birth Certificate.

Conditions of Enrolment

The Application for Enrolment for your child is subject to acceptance by Huanui College on its standard Enrolment Contract terms and conditions. If Huanui College accepts your child's application and makes an offer of enrolment to your child, then your child will be offered enrolment subject to those terms and conditions which will be provided to you with Huanui College's letter of offer.

Privacy Statement

The information on this form is collected as part of the essential information the school holds on your child. The information collected will be used by the school for the following purposes: enrolling your child at school, assessing the education needs of your child and meeting data requirements for Roll Returns and ENROL for the Ministry of Education. The records made from this information may be viewed on request at the school. The information collected may be disclosed to education and health sector agencies in accordance with the principles of the Privacy Act, except with your specific authorisation, it will not be disclosed to any other person or agency unless such disclosure is authorised or required by law.

Today's date

Proposed year of entry

Proposed academic year level at entry

International student

Student Information

Surname

First Names

Preferred Name

Date of Birth

Citizenship

First Language

Male

Female

NZ Residency

Yes

No

Country of Birth

Ethnic Group/s

Iwi

Family Information

Father / Stepfather / Guardian (circle appropriate)

| | | | | | |
|-----------------|----------------------|---------|----------------------|----------------------|----------------------|
| Title | <input type="text"/> | Surname | <input type="text"/> | | |
| First Names | <input type="text"/> | | Preferred Name | <input type="text"/> | |
| Home Address | <input type="text"/> | | Suburb | <input type="text"/> | |
| City | <input type="text"/> | Country | <input type="text"/> | Post Code | <input type="text"/> |
| Home Phone | <input type="text"/> | Mobile | <input type="text"/> | Work Phone | <input type="text"/> |
| Occupation | <input type="text"/> | | Business Name | <input type="text"/> | |
| Personal E-Mail | <input type="text"/> | | Business E-Mail | <input type="text"/> | |

Mother / Stepmother / Guardian (circle appropriate)

| | | | | | |
|-----------------|----------------------|---------|----------------------|----------------------|----------------------|
| Title | <input type="text"/> | Surname | <input type="text"/> | | |
| First Names | <input type="text"/> | | Preferred Name | <input type="text"/> | |
| Home Address | <input type="text"/> | | Suburb | <input type="text"/> | |
| City | <input type="text"/> | Country | <input type="text"/> | Post Code | <input type="text"/> |
| Home Phone | <input type="text"/> | Mobile | <input type="text"/> | Work Phone | <input type="text"/> |
| Occupation | <input type="text"/> | | Business Name | <input type="text"/> | |
| Personal E-Mail | <input type="text"/> | | Business E-Mail | <input type="text"/> | |

Custodial Information

| | | | | | | | | |
|---|--------------|--------------------------|-------------|--------------------------|-------------|--------------------------|----------|----------------------|
| Custodial Parents: | Both Parents | <input type="checkbox"/> | Father only | <input type="checkbox"/> | Mother only | <input type="checkbox"/> | Other | <input type="text"/> |
| During the school week the student lives with: | Both Parents | <input type="checkbox"/> | Father only | <input type="checkbox"/> | Mother only | <input type="checkbox"/> | Guardian | <input type="text"/> |

Person/s Responsible for Payment of Fees

| | | | | | | | |
|-------------------------|----------------------|---------|----------------------|----------------------|----------------------|----------------------|----------------------|
| Title | <input type="text"/> | Surname | <input type="text"/> | | First Name | <input type="text"/> | |
| Relationship to Student | <input type="text"/> | | | Company Trust | <input type="text"/> | | |
| Address | <input type="text"/> | | | Suburb/City | <input type="text"/> | | |
| Post Code | <input type="text"/> | | Phone | <input type="text"/> | | Mobile | <input type="text"/> |

Person/s Responsible for Payment of Fees

As family structures can vary, the following information is requested to ensure that correspondence is sent to the correct family members

| | | | | | | | | |
|-----------------------------------|----------------------|--------------------------|--------|--------------------------|--------|--------------------------|-------|----------------------|
| Send school reports to: | Both Parents | <input type="checkbox"/> | Father | <input type="checkbox"/> | Mother | <input type="checkbox"/> | Other | <input type="text"/> |
| Send other publications to: | Both Parents | <input type="checkbox"/> | Father | <input type="checkbox"/> | Mother | <input type="checkbox"/> | Other | <input type="text"/> |
| E-Mail address for correspondence | <input type="text"/> | | | | | | | |
| E-Mail address for correspondence | <input type="text"/> | | | | | | | |

Emergency Contact

Please nominate two contacts who are available to come and collect your child at short notice should be need arise and a parent is not available

| | | | | | |
|-------------------------|----------------------|---------|----------------------|------------|----------------------|
| Title | <input type="text"/> | Surname | <input type="text"/> | First Name | <input type="text"/> |
| Relationship to Student | <input type="text"/> | | | E-Mail | <input type="text"/> |
| Phone | <input type="text"/> | | | Mobile | <input type="text"/> |

| | | | | | |
|-------------------------|----------------------|---------|----------------------|------------|----------------------|
| Title | <input type="text"/> | Surname | <input type="text"/> | First Name | <input type="text"/> |
| Relationship to Student | <input type="text"/> | | | E-Mail | <input type="text"/> |
| Phone | <input type="text"/> | | | Mobile | <input type="text"/> |

Sibling Information

| Name | Age | Birth Date | School | Year Level |
|----------------------|----------------------|----------------------|----------------------|----------------------|
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |

Medical Details

Please fill in relevant details regarding medical history (Provide Medical Certificate if appropriate)

| | | | |
|--------------------------|----------------------|--------------------------|--|
| Doctor's Name | <input type="text"/> | Phone | <input type="text"/> |
| Dental Practioner/Clinic | <input type="text"/> | Phone | <input type="text"/> |
| Asthma | <input type="text"/> | Sight | <input type="text"/> |
| Diabetes | <input type="text"/> | Speech | <input type="text"/> |
| Heart Conditions | <input type="text"/> | Hearing | <input type="text"/> |
| Epilepsy | <input type="text"/> | Immunisations completed: | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Allergies | <input type="text"/> | | |
| Other Conditions | <input type="text"/> | | |
| Medications Used | <input type="text"/> | | |
| Medications Used | <input type="text"/> | | |

I/We agree for paracetamol to be administered if necessary: Yes No

Date of last Tetanus Immunisation:

Special Learning Requirements

Please let us know about any special needs your child may have, including learning difficulties, physical and mental health issues. Please include copies of any Reports and Assessments done by GSE, CYF, ACC and other educational psychologists.

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Referees

Please list names and contact details of two people (not relatives) who have worked with or taught your child and will act as referees for this application e.g. teacher, sports coach.

Person A

| | |
|--------|--|
| Name | |
| Phone | |
| Mobile | |
| E-Mail | |

Person B

| | |
|--------|--|
| Name | |
| Phone | |
| Mobile | |
| E-Mail | |

How did you learn about Huanui College?

| | | | | | | | | | |
|----------------|--------------------------|-------------------------|--------------------------|----------|--------------------------|---------|--------------------------|-------|----------------------|
| Family/Friends | <input type="checkbox"/> | Newspaper Advertisement | <input type="checkbox"/> | Open Day | <input type="checkbox"/> | Website | <input type="checkbox"/> | Other | <input type="text"/> |
|----------------|--------------------------|-------------------------|--------------------------|----------|--------------------------|---------|--------------------------|-------|----------------------|

Declaration

I/We declare that the information provided in this Enrolment Application is true and correct. I/We understand that acceptance of this Form does not constitute admission of the student to Huanui College.

| | | | | | |
|----------------------|--|------|--|------|--|
| Father's Signature | | Name | | Date | |
| Mother's Signature | | Name | | Date | |
| Guardian's Signature | | Name | | Date | |

Student Application Check List

| | |
|--------------------------|--|
| <input type="checkbox"/> | Signed Application Form |
| <input type="checkbox"/> | Photocopy of most recent School Report (if applicable) |
| <input type="checkbox"/> | Certified Photocopy of Passport or Birth Certificate |

Post to: Enrolment Manger, Huanui College, RD 3, Ngunguru, Whangarei 0173



Huanui College
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