



**HUANUI COLLEGE**  
*vincit qui se vincit*

# Application *for* Enrolment

Name

Year



Today's date:

Proposed academic year level at entry:

Proposed year of entry:

International student:

## To Submit an Application

Please complete this form and forward to: Enrolment manager, Huanui college, RD 3, Ngunguru, Whangārei 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.

## HOW DID YOU LEARN ABOUT HUANUI COLLEGE?

- Family/Friends     Newspaper     Advertisement     Open Day     Website
- Other (please state): \_\_\_\_\_

## STUDENT DETAILS

Surname(s): \_\_\_\_\_ First Name(s): \_\_\_\_\_  
Preferred Name: \_\_\_\_\_  Male  Female  Other  
Date of Birth: \_\_\_\_\_ NZ Residency:  Yes  No  
Country of Birth: \_\_\_\_\_ Ethnic Group(s): \_\_\_\_\_  
Citizenship: \_\_\_\_\_  
First Language: \_\_\_\_\_ Iwi: \_\_\_\_\_

## FAMILY INFORMATION

### Father / Stepfather / Guardian *(circle appropriate)*

Title: \_\_\_\_\_ Surname(s): \_\_\_\_\_  
First Name(s): \_\_\_\_\_ Preferred Name(s): \_\_\_\_\_  
Home Address: \_\_\_\_\_ Suburb: \_\_\_\_\_  
City: \_\_\_\_\_ Country: \_\_\_\_\_ Postcode: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Mobile: \_\_\_\_\_ Work Phone: \_\_\_\_\_  
Occupation: \_\_\_\_\_ Business Name: \_\_\_\_\_  
Personal Email: \_\_\_\_\_ Business Email: \_\_\_\_\_

### Mother / Stepmother / Guardian *(circle appropriate)*

Title: \_\_\_\_\_ Surname(s): \_\_\_\_\_  
First Name(s): \_\_\_\_\_ Preferred Name(s): \_\_\_\_\_  
Home Address: \_\_\_\_\_ Suburb: \_\_\_\_\_  
City: \_\_\_\_\_ Country: \_\_\_\_\_ Postcode: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Mobile: \_\_\_\_\_ Work Phone: \_\_\_\_\_  
Occupation: \_\_\_\_\_ Business Name: \_\_\_\_\_  
Personal Email: \_\_\_\_\_ Business Email: \_\_\_\_\_

## CUSTODIAL INFORMATION

Custodial Parents:  Both parents  Father only  Mother only  Other  
During the school week the student lives with:  Both Parents  Father only  Mother only  Guardian

### PERSON(S) RESPONSIBLE FOR PAYMENT OF FEES

Title: \_\_\_\_\_ Surname: \_\_\_\_\_ First Name : \_\_\_\_\_  
Relationship to Student: \_\_\_\_\_ Company trust: \_\_\_\_\_  
Phone: \_\_\_\_\_ Mobile: \_\_\_\_\_ Email: \_\_\_\_\_  
Address: \_\_\_\_\_ Post code: \_\_\_\_\_  
Suburb/City: \_\_\_\_\_

### 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  Father  Mother  Other

Send other publications to:  Both parents  Father  Mother  Other

E-mail address for correspondence: \_\_\_\_\_

E-mail address for correspondence: \_\_\_\_\_

### EMERGENCY CONTACT(S)

*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: \_\_\_\_\_ Surname: \_\_\_\_\_ First Name : \_\_\_\_\_

Relationship to Student: \_\_\_\_\_ Email: \_\_\_\_\_

Phone: \_\_\_\_\_ Mobile: \_\_\_\_\_

Title: \_\_\_\_\_ Surname: \_\_\_\_\_ First Name: \_\_\_\_\_

Relationship to Student: \_\_\_\_\_ Email: \_\_\_\_\_

Phone: \_\_\_\_\_ Mobile: \_\_\_\_\_

### SIBLING INFORMATION

Name	Age	Birth Date	School	Year level
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

## MEDICAL DETAILS

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

Doctor's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Dental practitioner/Clinic: \_\_\_\_\_ Phone: \_\_\_\_\_

Asthma: \_\_\_\_\_ Sight: \_\_\_\_\_

Diabetes: \_\_\_\_\_ Speech: \_\_\_\_\_

Heart conditions: \_\_\_\_\_ Hearing: \_\_\_\_\_

Epilepsy: \_\_\_\_\_

Allergies: \_\_\_\_\_

Other conditions: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Medications used: \_\_\_\_\_

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

Immunisations completed:  Yes  No Date of last Tetanus immunisation: \_\_\_\_\_

## STUDENT'S PROFILE

Interests and activities at school: \_\_\_\_\_

\_\_\_\_\_

Hobbies and leisure activities: \_\_\_\_\_

\_\_\_\_\_

Community involvement (past & present): \_\_\_\_\_

\_\_\_\_\_

Musical Instrument/s Played:  Yes  No Level/Year: \_\_\_\_\_

Sing in a Choir:  Yes  No

Other Music / Drama involvement: \_\_\_\_\_

Sport: \_\_\_\_\_ Club: \_\_\_\_\_

Special Representation/Achievement: \_\_\_\_\_

Other Achievements: \_\_\_\_\_

\_\_\_\_\_

## SCHOOLING HISTORY

Current School: \_\_\_\_\_ Year level completed: \_\_\_\_\_

Current School Address: \_\_\_\_\_

## SPECIAL LEARNING REQUIREMENTS

Please let us know about any special needs your child may have, including **learning challenges, 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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## WHY WOULD YOU LIKE TO ATTEND HUANUI COLLEGE? *(to be completed by the student if possible)*

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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: \_\_\_\_\_

Email: \_\_\_\_\_

### Person B

Name: \_\_\_\_\_

Phone: \_\_\_\_\_

Mobile: \_\_\_\_\_

Email: \_\_\_\_\_

## 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 CHECKLIST

- Signed Application Form
- Photocopy of most recent School Report (if applicable)
- Certified photocopy of Passport or Birth Certificate

Post Application Form to:

**Enrolment Officer**  
**Huanui College**  
**RD 3, Ngunguru Road, Glenberrie, Whangārei 0173**

Phone: 09 459 1930

Email: [admin@huanuicollege.school.nz](mailto:admin@huanuicollege.school.nz)

Web: [www.huanuicollege.school.nz](http://www.huanuicollege.school.nz)

