

Kaikoura High School

Enrolment Application

PO Box 61, Kaikoura 7340, Telephone 03 319 5138, Fax 03 319 5409



Full Name of Student: _____
First Name(s) *Surname*

Date of Birth: ____/____/____ Gender: Male / Female

Note: ALL students must provide a Birth Certificate, Passport, or other evidence of residence in NZ.
(Please provide copy) Birth Certificate Passport Other

Home Address: _____

Postal Address: _____

Year Level on first day at Kaikoura High School: _____

Name of last school: _____

Full Name of Mother: _____

Address of Mother: _____

Phone: Home: _____ Work: _____ Mobile: _____

Email: _____

Full Name of Father: _____

Address of Father: _____

Phone: Home: _____ Work: _____ Mobile: _____

Email: _____

Full Name of Guardian/Caregiver: *(if different from above)* _____

Address of Guardian/Caregiver: _____

Phone: Home: _____ Work: _____ Mobile: _____

Email: _____

Residence: Students lives with Both Parents Mother Father Caregiver

Guardianship: Both Parents Mother (sole custody) Father (sole custody) Other

Do Custodial Arrangements apply re access? YES / NO *(If Yes, please supply documentation.)*

Additional Contact *(in emergency)*: Name: _____

Address: _____ Phone: _____

Relationship: _____

Ethnic Group: NZ European NZ Maori Iwi/Tribe(s) _____

Asian Pacific Island

Citizenship: NZ Other – Specify: _____

For Office Use Only:

Date _____ Enrolment No. _____ ENROL _____

Bus _____ House _____

Medical History

It is important that the student's medical records are accurate. Please provide details of any medical problem/disability of which the school should be aware and give details of medication.

Medical Condition	Details of Condition and Medication Required
Eg: Asthma	Seasonal only – requires Ventolin inhaler and avoid physical activity
Heart Condition	
Allergies	
Learning Difficulties (please give details eg. dyslexia)	
Permission for office to dispense Paracetamol/Panadol on request. YES / NO	
Doctor's Name and Phone No. _____	

Sport/Recreation

Sporting interests _____

Other interests _____

Parental Assistance YES / NO Areas of Expertise: _____

Students Transferring From Another Secondary School (Yr11 and above.)

Qualifications gained:

Verified copies attached: YES / NO NZQA Registration No. _____

Present Course being studied (Give subjects & Level eg. NCVEA Level, 1, 2, 3)

1	2	3
4	5	6

Parent's/Guardian's Undertaking:

I hereby agree to observe the following conditions of enrolment:

1. I will ensure that my son/daughter complies with the conduct and uniform codes as outlined in the Prospectus and I agree to pay any fees or levies set, and for any careless damage to school property.
2. I will encourage my son/daughter to give of his/her best in school work, homework and all school activities and will endeavour to see that he/she takes a personal pride in the school uniform.
3. Further more, I give permission for my son/daughters photograph/name/work to be used for publicity/promotional purposes.

AND

In accordance with the Privacy Act, 1993, I, the student, consent to the information contained in this application being to the Ministry of Education, NZ Qualifications Authority and relevant institutions for the advancement of my education, and other agencies where disclosure is required for the maintenance of law and order, and to this information being available for school use for the purpose of improving my performance as a learning and ensuring my personal safety.

I agree to information regarding my school performance being transferred between education institutions to which I am transferring or have transferred.

Signed: Father/Caregiver: _____ Mother/Caregiver: _____

Student's Undertaking:

I will comply with school regulations, act responsibly and with concern for others.

Student's Signature: _____

Date: ____/____/____