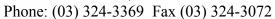
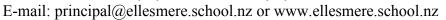
ELLESMERE COLLEGE

P O Box 52, Leeston 7656







| | APPLI | CATION FO | OR ENROL | MENT _ | | |
|--|-------|------------------|--|-----------------------|------------------------------|-------------------|
| YEAR LEVEL / FORM CLASS EN / | | | RY DATE / | | | |
| SURNAME FIRST NAMES | | | | PREFERRED NAME GENDER | | |
| BIRTH DATE COUNTRY OF BIRTH ETHNIC GEuropean) | | | GROUP(eg Maori, | IWI | PERMANENT OF NEW ZEA Y | |
| FIRST LANGUAGE | ОТНЕ | ER LANGUAGES SPO | KEN | BUS ROUTE | | |
| CAREGIVER 1- Does the student reside at this address Y / N Relationship: Surname: Contact address Contact address | | | CAREGIVER 2-Does the student reside at this address Y / N Relationship: Surname: First Name: Contact address if different to caregiver 1 | | | |
| Occupation: | | | Occupation: Works at: Phone: (Day) (A/H) Cell Phone No: e-mail address: | | | |
| If caregivers live at differen | | | | ses as per school | l policy, if there | is a legal rea- |
| SPECIAL NOTES (Natural p Relationship: Address & Post Code: | Name: | | | | | |
| OTHER FAMILY MEMBER | | | | N T 1 | Place in fami | Ť l |
| Name | | | | | | children children |
| Name | | | D.O.B | | = = | children |

N.B. Please notify the College Office if any of the above details change.

PLEASE ATTACH A COPY OF YOUR CHILD'S BIRTH CERTIFICATE—(a Ministry of Education requirement). WE WILL NOT ENROL A STUDENT WITHOUT A BIRTH CERTIFICATE.

| EMERGENCY CONTACT (Other than Primary Caregiver above) | EMERGENCY CONTACT (Other than Primary Caregiver above) | | | | | |
|--|--|--|--|--|--|--|
| Name: Phone () | Name: Phone: () | | | | | |
| Relationship to student: | Relationship to student: | | | | | |
| | Telulioniship to student. | | | | | |
| MEDICAL INFORMATION | | | | | | |
| My child has no health problems | My child has the following health problems: Hay Fever - mild/severe | | | | | |
| Allergies to | Hay Fever - Hilld/severe | | | | | |
| Asthma - mild/severe | Hearing - mild/severe | | | | | |
| Diabetes - mild/severe | Sight - mild/severe | | | | | |
| Epilepsy– mild/severe | Speech - mild/severe | | | | | |
| Is your child permitted to have Panadol and/or Ibuprofen Please tick box and initial: | | | | | | |
| Regular Medication: | | | | | | |
| Doctor: Dentis | st: | | | | | |
| Address: Addre | ess: | | | | | |
| | | | | | | |
| Phone: () Phone | e: () | | | | | |
| SPECIAL EDUCATION NEEDS | · | | | | | |
| 1. My child has received special education assistance with the follow | wing subjects: | | | | | |
| Reading Maths Writing | Other (please state) | | | | | |
| 2. My child has received assistance in order to be extended, in the following subjects: Reading Maths Other (please state) | | | | | | |
| 3. My child has received assistance from: | | | | | | |
| RTLB RTLit Speech Lang. Therapist | Psychologist Occupational/Physiotherapist | | | | | |
| 4. My child has been diagnosed with the following difficulty which | | | | | | |
| ADHD Dyslexia Autistic Spectru Disorder | m Other (please state | | | | | |
| 5. My child has had a psychometric (IQ) assessment. | | | | | | |
| No Yes, the year of the report is 6. Has an application for ORRS been made? YES / NO If YES was the application successful? YES / NO | | | | | | |
| | | | | | | |
| 7. Has an application for Supplementary Learning Support been made? YES / NO If YES, was the application successful YES / NO | | | | | | |
| DECLARATION Boundary information marks disclosed to other about invalidations are | siss such as Ministern of Education New Zealand Qualifications | | | | | |
| Personal information maybe disclosed to other educational agen Authority and relevant institutions for the advancement of my e | ducation and other agencies where disclosure is required. | | | | | |
| 1. I will comply with College regulations and the College Code - | (Students Signature) | | | | | |
| I will endeavour to ensure that my son/daughter complies with these requirements (Parents Signature) | | | | | | |
| 2. I grant permission for the appropriate staff of Ellesmere College to obtain and use any records or information | | | | | | |
| pertaining to the welfare of my child | (Parent's Signature) Date: | | | | | |
| FOR DUG CITUDENITO ONLY | | | | | | |
| FOR BUS STUDENTS ONLY: Lagree to have my telephone number listed, on an Ellesmere College Telephone Tree, to be used only in the event of an emergency. | | | | | | |
| I agree to have my telephone number listed on an Ellesmere College Telephone Tree, to be used only in the event of an emergency. Signed: | | | | | | |
| Signed (raieii) Bus Koule: | | | | | | |