

# ELLESMERE COLLEGE

P O Box 52, Leeston 7656

Phone: (03) 324-3369 Fax (03) 324-3072

E-mail: principal@ellesmere.school.nz or www.ellesmere.school.nz



## APPLICATION FOR ENROLMENT

YEAR LEVEL / FORM CLASS		ENTRY DATE / /		PREVIOUS SCHOOL	
SURNAME		FIRST NAMES		PREFERRED NAME	GENDER
BIRTH DATE	COUNTRY OF BIRTH	ETHNIC GROUP (eg Maori, European)	IWI	PERMANENT RESIDENT OF NEW ZEALAND Y / N	
FIRST LANGUAGE	OTHER LANGUAGES SPOKEN		BUS ROUTE		

CAREGIVER 1- **Does the student reside at this address Y / N**  
Relationship: \_\_\_\_\_  
Surname: \_\_\_\_\_ First Name: \_\_\_\_\_  
Contact address  
\_\_\_\_\_  
\_\_\_\_\_  
Occupation: \_\_\_\_\_  
Works at: \_\_\_\_\_  
Phone (Day) \_\_\_\_\_ (A/H)  
Cell Phone No: \_\_\_\_\_  
e-mail address: \_\_\_\_\_

CAREGIVER 2- **Does the student reside at this address Y / N**  
Relationship: \_\_\_\_\_  
Surname: \_\_\_\_\_ First Name: \_\_\_\_\_  
Contact address if different to caregiver 1  
\_\_\_\_\_  
\_\_\_\_\_  
Occupation: \_\_\_\_\_  
Works at: \_\_\_\_\_  
Phone: (Day) \_\_\_\_\_ (A/H)  
Cell Phone No: \_\_\_\_\_  
e-mail address: \_\_\_\_\_

**If caregivers live at different addresses communication will be sent to both addresses as per school policy, if there is a legal reason not to inform one party, please discuss this with the College.**

### SPECIAL NOTES (Natural parent if not living with student)

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

Address & Post Code: \_\_\_\_\_

### OTHER FAMILY MEMBERS ALSO ATTENDING ELLESMERE COLLEGE

Name	Level:	D.O.B	Number	Place in family	children
_____	_____	_____	<input type="checkbox"/>	out of	<input type="checkbox"/>
_____	_____	_____	<input type="checkbox"/>	out of	<input type="checkbox"/>
_____	_____	_____	<input type="checkbox"/>	out of	<input type="checkbox"/>

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.**

Please turn over

**EMERGENCY CONTACT (Other than Primary Caregiver above)**

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

Phone ( ) \_\_\_\_\_

Relationship to student: \_\_\_\_\_

**EMERGENCY CONTACT (Other than Primary Caregiver above)**

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

Phone: ( ) \_\_\_\_\_

Relationship to student: \_\_\_\_\_

**MEDICAL INFORMATION** My child has no health problems Allergies to \_\_\_\_\_ Asthma - mild/severe Diabetes - mild/severe Epilepsy- mild/severe My child has the following health problems: Hay Fever - mild/severe Hearing - mild/severe Sight - mild/severe Speech - mild/severeIs your child permitted to have Panadol  and/or Ibuprofen  Please tick box and initial : \_\_\_\_\_

Regular Medication: \_\_\_\_\_

Doctor: \_\_\_\_\_ Dentist: \_\_\_\_\_

Address: \_\_\_\_\_ Address: \_\_\_\_\_

\_\_\_\_\_

Phone: ( ) \_\_\_\_\_ Phone: ( ) \_\_\_\_\_

**SPECIAL EDUCATION NEEDS**

1. My child has received special education assistance with the following subjects:

 Reading  Maths  Writing  Other (please state) \_\_\_\_\_

2. My child has received assistance in order to be extended, in the following subjects:

 Reading  Maths  Writing  Other (please state) \_\_\_\_\_

3. My child has received assistance from:

 RTL B  RTLit  Speech Lang. Therapist  Psychologist  Occupational/Physiotherapist

4. My child has been diagnosed with the following difficulty which affects their learning/behaviour \_\_\_\_\_

 ADHD  Dyslexia  Autistic Spectrum Disorder  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****Personal information maybe disclosed to other educational agencies such as Ministry of Education, New Zealand Qualifications Authority and relevant institutions for the advancement of my education 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 BUS STUDENTS ONLY:**

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: \_\_\_\_\_ (Parent) Bus Route: \_\_\_\_\_