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ELLESMERE COLLEGE

TE KĀRETI O WAIHORA

CARING - RESPONSIVE - CHALLENGING

STUDENT ENROLMENT

2020

OFFICE USE:

ID Number

Start Date

Entered Kamar

STUDENT INFORMATION										
Level (the year you are coming in to)	7	8	9	10	11	12	13	Application Type (tick) In Zone	Out-of- Zone	Out-of-zone priority level sought (circle) 1 2 3 4 5 6
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Surname: <i>(Names as on birth certificate)</i>			First Name/s:				Preferred: <i>(name you wish to be known by)</i>			
Home address: <i>(include postcode)</i>					Postal address: <i>(if different from home address)</i>					
Male	<input type="checkbox"/>	Female	<input type="checkbox"/>	Date of Birth:						
The name of your current school:					What year level are you currently in?					
Bus Route <i>(if applicable):</i>										
Student's email address <i>(if applicable):</i> <i>Please write email address very clearly</i>										

ENROLMENT INFORMATION	
In Zone: Write the names of your siblings currently at Ellesmere College:	
Out of Zone: Tick (v) which of these priorities apply	Below please write the names of sibling/s who are current or former students OR parent/s who are former students. (Include year attended)
You have a sibling who is a <u>current student</u> (Priority 2)	<input type="checkbox"/> _____
You have a sibling who is a <u>former student</u> (Priority 3)	<input type="checkbox"/> _____
You are the <u>son/daughter of a former student</u> (Priority 4)	<input type="checkbox"/> _____
You are the son/daughter of an employee of the Board of Trustees or the son/daughter of a member of the Board of Trustees (Priority 5)	<input type="checkbox"/> _____
You have no prior or current association with Ellesmere College (Priority 6)	<input type="checkbox"/> _____

DEMOGRAPHICS		
Tick (v) as appropriate		
Country of birth: _____	Residency Status:	Cultural Identity: (you may tick more than one)
If not born in NZ: What year did you arrive in NZ? _____	New Zealand Citizen <input type="checkbox"/>	Maori* <input type="checkbox"/>
Are you a refugee? Yes <input type="checkbox"/> No <input type="checkbox"/>	Or Citizen of _____ (country) <input type="checkbox"/>	*Indicate Iwi affiliation on last page
What language do you speak at home? English <input type="checkbox"/> Other <input type="checkbox"/>	Permanent Resident <input type="checkbox"/>	NZ European /Pakeha <input type="checkbox"/>
Do you require help with English? Yes <input type="checkbox"/> No <input type="checkbox"/>	Student Visa/Permit <input type="checkbox"/>	European <input type="checkbox"/>
	Expiry Date: _____ <input type="checkbox"/>	Pacific Islands (please specify below) <input type="checkbox"/>
	Exchange Student <input type="checkbox"/>	Other (please specify below) <input type="checkbox"/>
	Or International fee payer <input type="checkbox"/>	
	Passport no: _____ <input type="checkbox"/>	

NOTE Attach a copy of NZ birth certificate or passport
 This is required for ALL applicants

PRIMARY CAREGIVERS (Parent/Caregiver <u>with whom the student lives</u>)					
Note: all communication and correspondence from the school will be with the primary caregivers, mainly via email					
CAREGIVER (Mrs / Mr/ Ms / Miss)			CAREGIVER		
Name:			Name:		
Relationship to Student: (e.g. mother)			Relationship to Student: (e.g. father)		
Legal Guardian	Yes	No	Legal Guardian	Yes	No
Home Phone:			Home Phone:		
Cell Phone:			Cell Phone:		
Email: Please write email address very clearly			Email: Please write email address very clearly		
Home address:			Home address:		
Occupation:			Occupation:		
Work Phone:			Work Phone:		
Place of Employment:			Place of Employment:		

NOTE

Attach as proof of in-zone residence a copy of one of the following:
Electricity or telephone bill, tenancy agreement

EMERGENCY CONTACT DETAILS					
IN AN EMERGENCY who <u>else</u> can we contact if we can't contact the primary caregiver? (We need two)					
*Name:			*Name:		
Relationship to student:			Relationship to student:		
Home Phone:			Home Phone:		
Cell Phone:			Cell Phone:		
Work Phone:			Work Phone:		
SECONDARY CAREGIVER/S –only if applicable i.e. parent that the student does not live with most, or all, of the time.					
*Name:			Relationship to student		
			Legal Guardian?	YES	NO
*if you wish this person to be contacted in the event of an emergency (and we can't contact the primary caregiver), please also enter their details in the Emergency Contact Details section above.					
Home Phone:			Cell Phone:		
Email:					
Home address:			Occupation:		
Work Phone:			Place of employment		
EXTRA FAMILY INFORMATION					
The school does not usually send information to the secondary caregiver (if applicable) Do you wish that reports be sent to the secondary caregiver (if applicable)? Do you wish that emails be sent to the secondary caregiver (if applicable)?				Yes Yes	No No
Are there any special access / custody orders / parenting orders/ financial arrangements the school should be aware of? If 'Yes' please explain and provide documentary proof for our file:				Yes	No
Is your child involved with any outside agencies? e.g. CAMHS, MVCOT, Hospital If 'Yes' please indicate here.....				Yes	No

STUDENT HEALTH INFORMATION

Consent: <i>Please tick v</i> Permission for the Front Office Staff to administer routine over-the-counter medication as required e.g. paracetamol, antihistamine cream/tablets, throat lozenges, and quick-eze	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Permission for the Front office Staff to administer Nurofen (Ibuprofen)	Yes <input type="checkbox"/>	No <input type="checkbox"/>

YOUR CHILD'S DOCTOR:

Name: _____	Phone: _____
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YOUR CHILD'S PAST HISTORY OF OPERATIONS, ILLNESS, INJURIES, and DISABILITIES (please give details)

DOES YOUR CHILD HAVE ANY MEDICAL CONDITIONS? *Please tick v*

Asthma	<input type="checkbox"/>	Depression	<input type="checkbox"/>	Hay Fever	<input type="checkbox"/>	Migraines/Headaches	<input type="checkbox"/>
Anxiety problems	<input type="checkbox"/>	Ear Infection	<input type="checkbox"/>	Hearing Problems	<input type="checkbox"/>	Menstrual Problems	<input type="checkbox"/>
Back/Neck Problems	<input type="checkbox"/>	Epilepsy	<input type="checkbox"/>	Heart Condition	<input type="checkbox"/>	Recurring Abdominal Pain	<input type="checkbox"/>
Cancer	<input type="checkbox"/>	Eyesight Problems	<input type="checkbox"/>	Hepatitis/HIV	<input type="checkbox"/>	Skin Condition	<input type="checkbox"/>
Diabetes	<input type="checkbox"/>	Fainting	<input type="checkbox"/>	Kidney Problems	<input type="checkbox"/>	Other (eg ADD)	<input type="checkbox"/>

If yes, please give details and treatment information:

DOES YOUR CHILD CURRENTLY TAKE ANY MEDICATION/S (PRESCRIPTION OR OVER THE COUNTER, INCLUDING HERBAL)? (Please give details)

DOES YOUR CHILD HAVE ANY ALLERGIES AND / OR SENSITIVITIES? (Please give details)

ALLERGY e.g. peanuts, beesstings, medications	COMMENT (Severity) e.g severe: Anaphylaxis / Moderate: Swelling	TREATMENT e.g requires adrenalin, call ambulance, Phenergan, icepack

VACCINATIONS HISTORY *please indicate*

Is your child's Tetanus up to date?	Yes	No	Date last given: _____
Are your child's childhood immunizations up to date?	Yes	No	Attach copy of immunization certificate

Please note:

Information provided on this form is available to all staff at Ellesmere College. Any concerns please contact the School Office, Kaitiaki, and Guidance Counselors.

Agreements

Student: I agree that(name of student)

- will attend regularly
- will wear the full and correct uniform on the way to and from, as well as at school
- will meet the expectations of positive behaviour for learning as reflected in the RISE matrix, and abide by the Responsible Use Agreement (part of the Enrolment Information booklet which you must read and keep). If any policy or agreement is breached there may be serious consequences.

Parent/Caregiver:

- I hereby make application to enrol my son/daughter at Ellesmere College.
- I have read the Enrolment Information Pack and agree that my son/daughter will meet the expectations of positive behaviour for learning as reflected in the RISE matrix, and abide by the Responsible Use Agreement (part of the Enrolment Information booklet which you must read and keep) and uniform regulations of the school.
- I have provided up to date medical information and understand that the school will take action on my behalf in case of injury or sudden illness and agree to meet all emergency costs involved.
- I agree to the participation of my son/daughter in category A and B and C (1) EOTC (Education outside the classroom) events as described in the Blanket Consent for EOTC (part of the Enrolment Information booklet which you must read and keep) while a student at Ellesmere College
- I understand that, if enrolled, my son/daughter may also be involved in regular extra-curricular sports and cultural activities outside school hours and may require transport with another parent, coach or manager.
- This information is provided on the understanding that it is only for use by the School or for statistical purposes, however, contact details may also be provided to government departments upon request. I understand that the school may retain this information indefinitely. This information will be held securely in the school archives. I give my permission for information about my son/daughter held at his/her previous school(s) to be transferred to Ellesmere College.
- I understand that most communication from the school will be electronic and I will keep my email address up to date and regularly check the school website and Facebook page.
- I confirm that the information given in this application is correct and complete and I understand and accept that Ellesmere College may actively seek to verify this information.
- I confirm that the address I have provided at the time of application and when my son/daughter begins instruction at Ellesmere College will be the usual place of residence for them. I will advise the school of any subsequent change of address.
- I am aware of the School's expectations around conduct of community members and website which is the School Community Code of Conduct available on SchoolDocs.
- I agree that Ellesmere College may use my son's/daughter's image and work e.g. art work in its print and digital publications.
- I understand that should my contact details change, that it is my responsibility to ensure this information has been updated by making the changes myself via the School Kamar portal or by contacting the front office in writing via email

Student's Signature: _____ **Date:** _____

Parent/Caregiver's Signature: _____ **Date:** _____