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ELLESMERE COLLEGE

TE KĀRETI O WAIHORA

CARING - RESPONSIVE - CHALLENGING

STUDENT ENROLMENT

2022

OFFICE USE:

ID Number

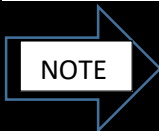
Start Date

Entered Kamar

STUDENT INFORMATION											
Level (the year you are coming in to)	7 <input type="checkbox"/>	8 <input type="checkbox"/>	9 <input type="checkbox"/>	10 <input type="checkbox"/>	11 <input type="checkbox"/>	12 <input type="checkbox"/>	13 <input type="checkbox"/>	Application Type (tick) In Zone <input type="checkbox"/> Out-of- Zone <input type="checkbox"/>	Out-of-zone priority level sought (circle) 1 2 3 4 5 6		
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 You have a sibling who is a <u>current student</u> (Priority 2) You have a sibling who is a <u>former student</u> (Priority 3) You are the <u>son/daughter of a former student</u> (Priority 4) 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) You have no prior or current association with Ellesmere College (Priority 6)	Below please write the names of sibling/s who are current or former students OR parent/s who are former students. (Include year attended) <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____

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



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

PRIMARY CAREGIVERS					
(Parent/Caregiver with whom the student lives)					
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 ✓</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 ✓*

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)

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

ALLERGY e.g. peanuts, beestings, 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
Caregiver: Have you received your covid vaccination? Please circle correct answer	Yes	No	Vaccination x 1 Vaccination x 2
Student: Have you received your covid vaccination? Please circle correct answer	Yes	No	Vaccination x 1 Vaccination x 2
Attach copy of Covid 19 Certificate/Card			

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 Counsellor's.

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:** _____

**List of iwi codes
(for Ministry of Education statistical purposes only)**

Tick	
Northland / Auckland : Te Tai Tokerau / Tāmaki Makau Rau Region	
<input type="checkbox"/>	Te Aupōuri
<input type="checkbox"/>	Ngāi Kahu
<input type="checkbox"/>	Ngāi Kuri
<input type="checkbox"/>	Ngāiwhā
<input type="checkbox"/>	Ngāiwhā ki Whangarua-Ngāi Kahu ki Whangarua
<input type="checkbox"/>	Te Rauawa
<input type="checkbox"/>	Ngāi Takoto
<input type="checkbox"/>	Ngāi Wai
<input type="checkbox"/>	Ngāi Whātua
<input type="checkbox"/>	Te Kawerau
<input type="checkbox"/>	Te Uri-o-Hau
<input type="checkbox"/>	Te Roroa
<input type="checkbox"/>	Te Tai Tokerau / Tāmaki Makau Rau (Northland / Auckland) Region, not further defined
Coromandel : Hauraki Region	
<input type="checkbox"/>	Ngāi Haki
<input type="checkbox"/>	Ngāi Hei
<input type="checkbox"/>	Ngāi Maru (Mātau-o-Hu)
<input type="checkbox"/>	Ngāi Pahi
<input type="checkbox"/>	Pāterangi
<input type="checkbox"/>	Ngāi Porou ki Hārautaunga ki Māhara
<input type="checkbox"/>	Ngāi Pūkanga ki Waiu
<input type="checkbox"/>	Ngāi Rahiri Tumutumu
<input type="checkbox"/>	Ngāi Tai
<input type="checkbox"/>	Ngāi Tamahiri
<input type="checkbox"/>	Ngāi Tara Tokanui
<input type="checkbox"/>	Ngāi Whānaua
<input type="checkbox"/>	Hauraki (Coromandel) Region, not further defined
Waikato / King Country : Waikato / Te Rohe Pōtae Region	
<input type="checkbox"/>	Ngāi Hau (Waikato)
<input type="checkbox"/>	Ngāi Maniapoto
<input type="checkbox"/>	Ngāi Raukawa (Waikato)
<input type="checkbox"/>	Waikato
<input type="checkbox"/>	Waikato / Te Rohe Pōtae (Waikato / King Country) Region, not further defined
Rotorua / Taupō : Te Arawa / Taupō Region	
<input type="checkbox"/>	Ngāi Pūkai (Te Arawa)
<input type="checkbox"/>	Ngāi Rangitāne (Te Arawa)
<input type="checkbox"/>	Ngāi Rangitāne (Te Arawa)
<input type="checkbox"/>	Ngāi Rangitāne (Te Arawa)
<input type="checkbox"/>	Tāwhiri (Te Arawa)
<input type="checkbox"/>	Tāwhiri (Te Arawa)
<input type="checkbox"/>	Uenuku-Kopako (Te Arawa)
<input type="checkbox"/>	Waikato (Te Arawa)
<input type="checkbox"/>	Ngāi Whakau (Te Arawa)
<input type="checkbox"/>	Ngāi Tūwharetoa
<input type="checkbox"/>	Ngāi Tahu (Te Arawa)
<input type="checkbox"/>	Te Arawa / Taupō (Rotorua / Taupō) Region, not further defined
Bay of Plenty : Tauranga Moana / Mātaurua Region	
<input type="checkbox"/>	Ngāi Pūkanga
<input type="checkbox"/>	Ngāi Rangitāne
<input type="checkbox"/>	Ngāi Rangitāne
<input type="checkbox"/>	Ngāi Awa
<input type="checkbox"/>	Ngāi Manawatu
<input type="checkbox"/>	Ngāi Tai
<input type="checkbox"/>	Tūhoe
<input type="checkbox"/>	Whakāreia
<input type="checkbox"/>	Whānau-A-Āpunga
<input type="checkbox"/>	Ngāi Whare
<input type="checkbox"/>	Tauranga Moana / Mātaurua (Bay of Plenty) Region, not further defined

Tick	
East Coast : Te Taiāwhiri Region	
<input type="checkbox"/>	Ngāi Porou
<input type="checkbox"/>	Te Atanga-A-Māhaki
<input type="checkbox"/>	Rongowhakaata
<input type="checkbox"/>	Ngāi Tamamohiri
<input type="checkbox"/>	Te Taiāwhiri (East Coast) Region, not further defined
Hawkes Bay / Wairarapa : Te Matau a Māui / Wairarapa Region	
<input type="checkbox"/>	Rongomāwahine (Te Matau)
<input type="checkbox"/>	Ngāi Kahungunu ki Te Wairoa
<input type="checkbox"/>	Ngāi Kahungunu ki Hārautaunga
<input type="checkbox"/>	Ngāi Kahungunu ki Wairarapa
<input type="checkbox"/>	Ngāi Kahungunu, region unspecified
<input type="checkbox"/>	Rangitāne (Te Matau a Māui/Hawkes Bay/Wairarapa)
<input type="checkbox"/>	Ngāi Kahungunu ki Whangānui a Oroto
<input type="checkbox"/>	Ngāi Kahungunu ki Tamatea
<input type="checkbox"/>	Ngāi Kahungunu ki Tamakiri a Rua
<input type="checkbox"/>	Te Matau a Māui / Wairarapa (Hawkes Bay / Wairarapa) Region, not further defined
Taranaki Region	
<input type="checkbox"/>	Te Atāwā (Taranaki)
<input type="checkbox"/>	Ngāi Maru (Taranaki)
<input type="checkbox"/>	Ngāi Mutunga (Taranaki)
<input type="checkbox"/>	Ngāi Rauu
<input type="checkbox"/>	Ngāi Ruahine
<input type="checkbox"/>	Ngāi Ruaua
<input type="checkbox"/>	Ngāi Tama (Taranaki)
<input type="checkbox"/>	Taranaki
<input type="checkbox"/>	Tangāhoro
<input type="checkbox"/>	Pakakahi
<input type="checkbox"/>	Taranaki (Taranaki) Region, not further defined
Whanganui / Rangitikei Region	
<input type="checkbox"/>	Ngāi Apa (Rangitikei)
<input type="checkbox"/>	Te Ahi Hau Nui-A-Pipirangi
<input type="checkbox"/>	Ngāi Hau (Tairāwhiti)
<input type="checkbox"/>	Ngāi Hauu
<input type="checkbox"/>	Whanganui / Rangitikei (Whanganui / Rangitikei) Region, not further defined
Manawatu / Horowhenua / Wellington : Manawatu / Horowhenua / Te Whanganui a Tara Region	
<input type="checkbox"/>	Te Atāwā (Te Whanganui a Tara / Wellington)
<input type="checkbox"/>	Māngipoko
<input type="checkbox"/>	Rangitāne (Manawatu)
<input type="checkbox"/>	Ngāi Raukawa (Horowhenua/Manawatu)
<input type="checkbox"/>	Ngāi Toarangaia (Te Whanganui a Tara/Wellington)
<input type="checkbox"/>	Te Atāwā ki Whakarongopai
<input type="checkbox"/>	Manawatu / Horowhenua / Te Whanganui a Tara (Manawatu / Horowhenua / Wellington) Region not further defined

Tick	
South Island / Chatham Islands : Te Waipounamu / Wharekauri Region	
<input type="checkbox"/>	Te Atāwā (Te Waipounamu / South Island)
<input type="checkbox"/>	Ngāi Kaitiaki
<input type="checkbox"/>	Ngāi Kūia
<input type="checkbox"/>	Kāi Māmoa
<input type="checkbox"/>	Moniō
<input type="checkbox"/>	Ngāi Mutunga (Wharekauri / Chatham Islands)
<input type="checkbox"/>	Rangitāne (Te Waipounamu / South Island)
<input type="checkbox"/>	Ngāi Rāuru
<input type="checkbox"/>	Ngāi Tahu / Kāi Tahu
<input type="checkbox"/>	Ngāi Tama (Te Waipounamu / South Island)
<input type="checkbox"/>	Ngāi Toarangaia (Te Waipounamu / South Island)
<input type="checkbox"/>	Waikato (Te Waipounamu / South Island)
<input type="checkbox"/>	Ngāi Apa ki Te Waipounamu
<input type="checkbox"/>	Te Waipounamu / Wharekauri (South Island / Chatham Islands) Region, not further defined
Iwi known, but region unspecified	
<input type="checkbox"/>	Te Atāwā, region unspecified
<input type="checkbox"/>	Ngāi Hau, region unspecified
<input type="checkbox"/>	Ngāi Maru, region unspecified
<input type="checkbox"/>	Ngāi Mutunga, region unspecified
<input type="checkbox"/>	Rangitāne, region unspecified
<input type="checkbox"/>	Ngāi Raukawa, region unspecified
<input type="checkbox"/>	Ngāi Tama, region unspecified
<input type="checkbox"/>	Ngāi Toa, region unspecified
<input type="checkbox"/>	Waikato, region unspecified
<input type="checkbox"/>	Ngāi Apa, area unspecified
<input type="checkbox"/>	Hāpū affiliated to more than one iwi
Iwi unknown, but waka or iwi confederation known	
<input type="checkbox"/>	Tama
<input type="checkbox"/>	Te Arawa
<input type="checkbox"/>	Tekitimu
<input type="checkbox"/>	Aotea
<input type="checkbox"/>	Māhara
<input type="checkbox"/>	Māhuru
<input type="checkbox"/>	Mōman
<input type="checkbox"/>	Ngātokimatawhānau
<input type="checkbox"/>	Nukunono
<input type="checkbox"/>	Tokomaru
<input type="checkbox"/>	Kurahaupo
<input type="checkbox"/>	Miriwhenua
<input type="checkbox"/>	Hauraki / Pare Hauraki
<input type="checkbox"/>	Turanganui a Kaitiaki
<input type="checkbox"/>	Te Tairāwhiti o Te Waka a Maui
<input type="checkbox"/>	Tauranga Moana
<input type="checkbox"/>	Horoua
Iwi information not provided	
<input type="checkbox"/>	Don't know
<input type="checkbox"/>	Refused to answer
<input type="checkbox"/>	Response unidentified
<input type="checkbox"/>	Response outside scope
<input type="checkbox"/>	Not stated
Source: Statistics New Zealand, New Zealand Standard Classification of Iwi	

If you are of NZ Maori descent the Ministry of Education require us to record your iwi.
 This is because iwi authorities are interested in the educational achievement of their children.
YOU MAY TICK UP TO THREE IWI ABOVE .

The Ellesmere College Values

The Ellesmere Ethos is a set of values that governs the behaviour of members of the College community and relationships between members of the community.

The foundation of the Ellesmere Ethos is an agreed set of values that was determined in 2014 after extensive consultation with the students, parents, staff and the community where the values that were of greatest importance were identified.

RISE is the acronym that we use for the values of Respect, Integrity, Success and Empathy. We are now developing a deeper meaning of these values and using them as the basis of many conversations.

Our dream is that all members of the College community adhere to The Ellesmere Ethos and that it will have a very significant positive influence in the culture of our College that will in turn produce an even better place for students to live and learn.

Respect

- Being polite to others
- Caring for our surroundings
- Showing self-respect

Integrity

- Being honest and trustworthy
- Following through on your commitments
- Being responsible

Success

- Giving your best
- Persevering
- Identifying goals and achieving

Empathy

- Treating others the way you want to be treated
- Caring for others
- Being community-minded