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# ELLESMERE COLLEGE

## TE KĀRETI O WAIHORA

CARING - RESPONSIVE - CHALLENGING

# STUDENT ENROLMENT

## 2023

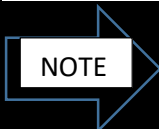
OFFICE USE:

ID Number

Start Date

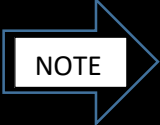
Entered Kamar

STUDENT INFORMATION											
<b>Level</b> <small>(the year you are coming in to)</small>	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"/>	<b>Application Type(tick)</b> In Zone <input type="checkbox"/> Out-of- Zone <input type="checkbox"/>	<b>Out-of-zone priority level sought (circle)</b> <b>1 2 3 4 5 6</b>		
<b>Surname:</b> <small>(Names as on birth certificate)</small>			<b>First Name/s:</b>				<b>Preferred:</b> <small>(name you wish to be known by)</small>				
<b>Home address:</b> <small>(include postcode)</small>					<b>Postal address:</b> <small>(if different from home address)</small>						
Male <input type="checkbox"/>		Female <input type="checkbox"/>		Other <input type="checkbox"/>		Neutral <input type="checkbox"/>		Date of Birth:			
Pronouns to be known by: He <input type="checkbox"/>			Him <input type="checkbox"/>		She <input type="checkbox"/>		Her <input type="checkbox"/>		They <input type="checkbox"/> Them <input type="checkbox"/>		
<b>The name of your current school:</b>						<b>What year level are you currently in?</b>					
<b>Bus Route</b> <small>(if applicable):</small>											
<b>Student's email address</b> <small>(if applicable):</small> <small>Please write email address very clearly</small>											
ENROLMENT INFORMATION											
<b>In Zone:</b> Write the names of your siblings currently at Ellesmere College:											
<b>Out of Zone:</b> Tick (v) which of these priorities apply					Below please write the names of sibling/s who are current or former students <b>OR</b> parent/s who are former students. (Include year attended)						
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)											
DEMOGRAPHICS											
<small>Tick (v) as appropriate</small>											
<b>Country of birth:</b> _____ <b>If not born in NZ:</b> What year did you arrive in NZ? _____ Are you a refugee? Yes <input type="checkbox"/> No <input type="checkbox"/> <b>What language do you speak at home?</b> English <input type="checkbox"/> Other <input type="checkbox"/> _____ <b>Do you require help with English?</b> Yes <input type="checkbox"/> No <input type="checkbox"/>			<b>Residency Status:</b> 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: _____				<b>Cultural Identity:</b> (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					
<b>IN AN EMERGENCY</b> 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
<b>*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.</b>					
Home Phone:			Cell Phone:		
Email:					
Home address:			Occupation:		
Work Phone:			Place of employment		
EXTRA FAMILY INFORMATION					
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: Please tick ✓**

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  No

Permission for the Front office Staff to administer Nurofen (Ibuprofen)

Yes  No

**YOUR CHILD'S DOCTOR:**

Name:

Phone:

**YOUR CHILD'S PAST HISTORY OF OPERATIONS, ILLNESS, INJURIES, and DISABILITIES (please give details)**

--

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

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

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, 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

**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 and for Ellesmere College to transfer information about my son/daughter upon request should they enrol at another school.
- 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
- I understand that my son/daughter has access to counselling support at school and that if my child accesses that service then they determine the level of disclosure to me as their guardian, except in the event of high risk to their safety when I will be consulted and appropriate measures taken.

**Student's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Parent/Caregiver's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

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

Tick	
<b>Northland / Auckland : Te Tai Tokerau / Tāmaki Makau Rau Region</b>	
<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 Kōwhiri
<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
<b>Coromandel : Hauraki Region</b>	
<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 Hāraetaunga ki Māhia
<input type="checkbox"/>	Ngāi Pūkanga ki Waiau
<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
<b>Waikato / King Country : Waikato / Te Rohe Pōtae Region</b>	
<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
<b>Rotorua / Taupō : Te Arawa / Taupō Region</b>	
<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"/>	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
<b>Bay of Plenty : Tauranga Moana / Mātaurua Region</b>	
<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"/>	Whakāhea
<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	
<b>East Coast : Te Taiāwhiri Region</b>	
<input type="checkbox"/>	Ngāi Porou
<input type="checkbox"/>	Te Atanga-A-Māhaki
<input type="checkbox"/>	Rongowhakaata
<input type="checkbox"/>	Ngāi Tamahiri
<input type="checkbox"/>	Te Taiāwhiri (East Coast) Region, not further defined
<b>Hawkes Bay / Wairarapa : Te Matau a Māui / Wairarapa Region</b>	
<input type="checkbox"/>	Rongomāwahine (Te Matau)
<input type="checkbox"/>	Ngāi Kahungunu ki Te Wairoa
<input type="checkbox"/>	Ngāi Kahungunu ki Hāraetaunga
<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 Whanganui 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
<b>Taranaki Region</b>	
<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 Ruauia
<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
<b>Whanganui / Rangitikei Region</b>	
<input type="checkbox"/>	Ngāi Apa (Rangitikei)
<input type="checkbox"/>	Te Ahi Hau Nui-A-Pipirangi
<input type="checkbox"/>	Ngāi Hau (Tairāroa)
<input type="checkbox"/>	Ngāi Hau
<input type="checkbox"/>	Whanganui / Rangitikei (Whanganui / Rangitikei) Region, not further defined
<b>Manawatu / Horowhenua / Wellington : Manawatu / Horowhenua / Te Whanganui a Tara Region</b>	
<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 Whakarongotai
<input type="checkbox"/>	Manawatu / Horowhenua / Te Whanganui a Tara (Manawatu / Horowhenua / Wellington) Region not further defined

Tick	
<b>South Island / Chatham Islands : Te Waipounamu / Wharekauri Region</b>	
<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
<b>Iwi known, but region unspecified</b>	
<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
<b>Iwi unknown, but waka or iwi confederation known</b>	
<input type="checkbox"/>	Tama
<input type="checkbox"/>	Te Arawa
<input type="checkbox"/>	Tekitimu
<input type="checkbox"/>	Aotea
<input type="checkbox"/>	Māhāriki
<input type="checkbox"/>	Māhuru
<input type="checkbox"/>	Mōmanu
<input type="checkbox"/>	Ngāi Mātāwhiri
<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 Kīia
<input type="checkbox"/>	Te Tairāroa / Te Waka a Maui
<input type="checkbox"/>	Tauranga Moana
<input type="checkbox"/>	Horouia
<b>Iwi information not provided</b>	
<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