



UPPER HUTT COLLEGE

APPLICATION FOR YEAR 10 - 13 ENROLMENT, 2012



STUDENT DETAILS

Legal Surname: _____

Main language spoken at home: _____

Legal First Name: _____

Brothers / Sisters currently attending Upper Hutt College:

Preferred First Name: _____

_____ Yr Level ____ House _____

Address: _____

_____ Yr Level ____ House _____

Phone: _____ In / Out of Zone

Brothers / Sisters previously attended Upper Hutt College:

Date of Birth: ___/___/___ Gender: Male / Female
(Birth Certificate / Passport enclosed)

_____ Year _____

_____ Year _____

Nationality: _____

School currently enrolled at: _____

Iwi (if New Zealand Maori): _____

Year Level: _____

NSN Number (Year 11-13) _____

ETHNIC GROUP(S) – please ✓ the appropriate box(es)

African	<input type="checkbox"/>	British/Irish	<input type="checkbox"/>	Cook Isl Maori	<input type="checkbox"/>	Dutch	<input type="checkbox"/>
NZ European	<input type="checkbox"/>	Fijian	<input type="checkbox"/>	Greek	<input type="checkbox"/>	Chinese	<input type="checkbox"/>
Indian	<input type="checkbox"/>	Japanese	<input type="checkbox"/>	Tokelauan	<input type="checkbox"/>	Latin American	<input type="checkbox"/>
Maori	<input type="checkbox"/>	Niuean	<input type="checkbox"/>	Other Ethnic	<input type="checkbox"/>	Other Pacific	<input type="checkbox"/>
SE Asian Other	<input type="checkbox"/>	Sri Lankan	<input type="checkbox"/>	Samoan	<input type="checkbox"/>	Tongan	<input type="checkbox"/>
Other European	<input type="checkbox"/>	Vietnamese	<input type="checkbox"/>	Other Asian	<input type="checkbox"/>	Australian	<input type="checkbox"/>
Filipino	<input type="checkbox"/>	German	<input type="checkbox"/>	Italian	<input type="checkbox"/>	Cambodian	<input type="checkbox"/>
Middle Eastern	<input type="checkbox"/>	Polish	<input type="checkbox"/>	Korean	<input type="checkbox"/>	South Slav	<input type="checkbox"/>

PARENT / CAREGIVER / CONTACT DETAILS

Family Name (Mr/Mrs/Miss/Ms)

Family Name (Mr/Mrs/Miss/Ms)

First Name: _____

First Name: _____

Relationship to Student: _____

Relationship to Student: _____

Address: _____

Address: _____

Phone: (Home) _____ (Work) _____

Phone: (Home) _____ (Work) _____

(Cellphone) _____

(Cellphone) _____

Email: _____

Email: _____

Occupation: _____

Occupation: _____

Place of Work: _____

Place of Work: _____

ADDITIONAL / EMERGENCY CONTACT:

Name: _____

Phone: _____

Address: _____

Relationship to student: _____

Please turn over

MEDICAL DETAILS

Family Doctor: _____ Phone: _____

Do you give permission for your child to be given paracetamol for headache / period pain? **YES / NO**Are there any health issues, disabilities, illnesses of which the school should be aware? **YES / NO**

If YES, please specify _____

If the student is presently on prescribed drugs, please state them and reason _____

Are there any family circumstances which could affect the progress of the student? **YES / NO**

If YES, please specify or attach a confidential letter to the Principal _____

Please indicate briefly any information about guardianship or custody about which the school should be aware _____

OPTION CHOICES

OPTION 1: _____ OPTION 2: _____ OPTION 3: _____

OPTION 4: _____ OPTION 5: _____ OPTION 6: _____

ELECTORAL ROLL INFORMATION

Under the provision of the Education (School Trustees Elections) Regulations 2000 we are required to compile a roll of all eligible voters. This includes names and addresses of parents who may be currently estranged from the student or their present caregivers. If details of the student's parents are not included above could you please complete this section.

Parent's Name	Name
Address	Address.....
.....
Relationship to student: <i>Mother/Father</i>	Relationship to student: <i>Mother/Father</i>

DECLARATION

* I / We declare that the information given on this application for enrolment, and any other documentation forwarded in the enrolment process, is true and correct.

* I / We have read the Prospectus and agree that my son/daughter will observe all College rules, including any requirement to attend school detentions, and that he/she will wear the prescribed uniform as determined by the Board of Trustees.

* I / We will pay the charges of any course with a take-home component or transport costs and any registration fee/levy/costs associated with extra-curricular activities.

* I / We understand that if we have falsely stated any material facts in this application or associated documentation, then that may lead to the enrolment being annulled.

The Privacy Act requirements regarding personal information will be adhered to by the College. Personal information is requested to meet the educational, health, safety and communication needs of the College and its pupils and will not be used for any other purpose. I am aware of the rights of access to, and correction of this information and I understand that the information that I have provided will be held at Upper Hutt College, Moonshine Road, Upper Hutt.

Full Name: _____ Signed: _____
Caregiver 1 (Relationship to Student)Full Name: _____ Signed: _____
Caregiver 2 (Relationship to Student)

Date: _____

SCHOOL USE ONLYEnrolment Number: _____ Date Received: _____ Previous school records rec'd Enrolled by: _____ Date: _____ Account Details entered

Date of Entry: _____ Year Level: _____ Form Class: _____