



MOUNT HUTT COLLEGE METHVEN

Application for Enrolment 2009

Out of Zone Application

Office use only

Priority 2

3

4

2009 Year level applied for (please circle)						
7	8	9	10	11	12	13

This application is to be completed and signed by the applicant and his/her parent or guardian. The Ministry of Education requires that you must also provide a verified copy of the applicant's birth certificate.

- NB:**
1. Please ensure that all checklist requirements on p4 of this form are met.
 2. Please note that there will normally be a delay of about 1 week between enrolment interview and start of classes for enrolments made during the year, to allow all Ministry and school requirements to be met.

Applicant's full name (as on Birth Certificate)

Family Name

First Names **Known Name**

Date of Birth :

Permanent Physical Address (include Rapid number if applicable).....

Postal Address: (If different from above)

Telephone number: (home)

Full name of Mother

Permanent Physical Address

Telephone number (home)(business)

Cell Phone Email

Occupation

Full name of Father

Permanent Physical Address

Telephone number (home)(business)

Cell Phone Email

Occupation

Full name of Legal Guardian (if applicable a legal copy to be sighted and photocopied)

Address

Telephone number (home) (business)

Cell PhoneEmailOccupation

Custody arrangements No Yes - If yes please detail

Parents Status: *Please tick all that apply*

- 1 Still together
- 1 Divorced *
- 1 Separated *
- 1 Mum remarried*
- 1 Dad remarried*

* please answer the following two questions

* Should both parents receive copies of newsletters, school reports etc?

- 1 Yes
- 1 No

* Who does the student live with?

- 1 Mum
- 1 Dad
- 1 Shared custody

Is there any other pastoral information that we should be aware of to help us know, understand and assist the student? (ie adopted child, blended family, etc).

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Emergency Contacts

Please give us the details of whom we should contact in an emergency.

Family DoctorPhone

DentistPhone

Emergency Contact (If Parent/Guardian unavailable)

1. NamePhone

Relationship to student :

2. Name Phone

Relationship to student :

Travel To/From School

- 1 Walking
- 1 Car
- 1 Cycling
- 1 Bus (Please state which bus run)

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Special Needs

(Please state if your child needs any special help, guidance to aid their learning, or at any stage have had assessments that we should now about etc)

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School last attended **Year level**.....

Office use only
 (Priority 2)

 (Priority 3)

 (Priority 4)

Brothers or sisters who are currently attending Mount Hutt College Methven

NameForm Class

Name Form Class.....

Brothers or sisters who have attended Mount Hutt College Methven

Name Year (s)

Name Year (s).....

Is either parent currently employed by Mount Hutt College Methven? Yes/No

Ethnicity

Maori 1 Iwi affiliation

NZ European 1

Pacific Island 1

Asian 1

Other 1

Country of origin (if not born in NZ)

Arrival Date.....

Citizenship

NZ Citizen 1

Permanent resident 1 Please enclosed copy of Passport showing Visa if not NZ Citizen

Other – please state 1

Student Health

To ensure that we are aware of students health needs it is important to please inform school office of any changes to health needs you indicate.

Please state below any medical problem.

Any relevant details (eg how severe/frequent/ treatment required).

Asthmatics	<input type="checkbox"/>	_____
Epilepsy	<input type="checkbox"/>	_____
Allergy	<input type="checkbox"/>	_____
Fainting	<input type="checkbox"/>	_____
Headaches	<input type="checkbox"/>	_____
Hearing	<input type="checkbox"/>	_____
Diabetes	<input type="checkbox"/>	_____
Sight	<input type="checkbox"/>	_____

Reoccurring Physical Injuries (ankles, knees etc) please state detail _____

Other:_____

Please state any medication the student takes regularly.....

We are happy to store medication for your child in the school office if necessary, please contact us directly. We are often asked for pain relief (e.g. panadol) by students. It is school policy not to administer medication to students without parental permission.

I give permission for my son/daughter _____ to be given pain relief if the office staff deem it necessary.

Privacy Statement: The personal information in this application will be used for school management purposes and to fulfil the school’s legal requirements. The school will keep relevant records on all students but no information concerning any unsuccessful applicant will be retained. The school will take reasonable steps to check that the information held is up to date.

Education outside the classroom:

I give permission for teachers to take or send my son/daughter out of school for part or full day with other members of his/her class to visit places of interest or instruction in the community as part of their organised study, or in a group or team to take part in organised co-curricular activity.

Signature of Parent/Guardian: Date:

DECLARATION

DECLARATION BY PARENTS/GUARDIANS AND STUDENT

In accordance with the Privacy Act, 1993, I the student, consent to the information in this application

- Being available to the Ministry of Education, NZ Qualifications Authority and relevant institutions for the advancement of my education, and other agencies where disclosure is required for the maintenance of law and order.
- Being available within the school for the purpose of improving my performance as a learner and ensuring my personal safety.

Further I agree to information regarding my school performance being transferred between educational institutions to which I am transferring or have transferred.

I, the student will comply with the school rules, regulations and systems including attendance, uniform and homework and will act with common sense and consideration for others.

Signature of Student Date:

1. I, the parent/Guardian, will do my best to ensure that (Student’s name) complies with the school rules, regulations, systems and acts with common sense and consideration of others.
2. I agree to the payment of course fees.
3. I declare that the address given is the student’s usual permanent residence.
4. I undertake to notify the school immediately of any changes of address and I understand that if the change of address affects enrolment status, the Board of Trustees will review the enrolment.
5. I, the parent/guardian, declare that the information given is shown to be false, my child’s application may be declined.

Signature of Father/Guardian Mother/Guardian

Checklist – Your enrolment application cannot be processed until we have the following information.

- 1 Copy of Birth Certificate and legal guardianship papers if applicable, (please do not post original).
- 1 Residency Status – if student not born in New Zealand, Passports or verified copies must be provided.
- 1 A stamped, self-addressed envelope (recommended for out of zone enrolments so we can confirm receipt of your application).
- 1 Signed ‘Getting to know students’ form (enclosed)
- 1 Signed Computing/Cybersafety Student Use Agreement form(enclosed)
- 1 Bus Enrolment Form (if applicable)

**Applications should be addressed to:
The Enrolments Officer, Mount Hutt College Methven, PO Box 58, METHVEN**

OFFICE USE ONLY

Sport House:

Leaving Date:

Admission Date:

Destination:

Admission Number: