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**APPLICATION FOR ENROLMENT IN OUTDOOR PURSUITS  
AND PERSONAL DEVELOPMENT COURSE 2011**

**SECTION 1: STUDENT INFORMATION**

**GENERAL INFORMATION**

Name of student: \_\_\_\_\_

Preferred name: \_\_\_\_\_

Students Address: \_\_\_\_\_

\_\_\_\_\_

Telephone: \_\_\_\_\_ Email: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Age now (in years): \_\_\_\_\_

Gender:  Male  Female

Place in the family: \_\_\_\_\_ out of \_\_\_\_\_ children

2010 School attended: \_\_\_\_\_

2010 Level: \_\_\_\_\_

- I am currently:
- Living at home
  - Private Boarding
  - School Hostel

Which of the following do you wish to be identified as?

- NZ European
- NZ Maori
- Other (please specify) \_\_\_\_\_

## STUDENT HEALTH AND WELFARE

Please explain any and all health conditions that may affect you; include conditions like asthma, depression, any medication, past injuries and their treatment, allergies...

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Current Family Doctor: \_\_\_\_\_ Phone: \_\_\_\_\_

I have received/am receiving help from:

- Public Health Nurse
- Psychologist
- Social Welfare
- Other (please explain) \_\_\_\_\_
- Not applicable

Do you have any special dietary requirements? (e.g. gluten free, vegetarian, lactose intolerant)

- No
- Yes (please explain) \_\_\_\_\_

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**STUDENT INTEREST AND HOBBIES**

Have you been involved in any other Outdoor Pursuits program?

- No
- Yes – Name of program? \_\_\_\_\_

Please briefly describe the activities and/or format of the programme:

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Please comment on any other experiences or interest in the outdoors:

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Please comment on other extra-curricular interests and abilities (i.e. sporting, cultural, musical):

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1	<b>General Fitness</b> (e.g. Running, cycling)	As often as I can	Every now and then	Rarely
2	<b>Climbing</b>	Climb a lot	Every now and then	Rarely
3	<b>Kayak</b>	Kayak Grade 2 – 3	Kayak Flat water	Never tried it
4	<b>Tramping</b>	Have been on a few multiday tramps (more than 2 days)	Every now and then (one day tramps)	Rarely
5	<b>Skiing</b>	Cranking!	A couple of times a season	Tried it/never been
6	<b>Snowboarding</b>	Ripping it up	A couple of times a season	Tried it/never been
7	<b>Surfing</b>	Shredding the waves	Have tried it a couple of times	Never been
8	<b>First Aid</b>	Have current first aid certificate	Have First aid but needs updating	Never done first aid certificate

In the near future I want to focus on:

- Skiing
- Snowboarding
- Both

Where did you hear about the Mt Hutt Outdoor Pursuits Course?

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# SECTION 2: PARENT AND LEGAL GUARDIAN INFORMATION

Mothers Name: \_\_\_\_\_

Mothers Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Fax: \_\_\_\_\_ Email: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Fathers Name: \_\_\_\_\_

Fathers Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Fax: \_\_\_\_\_ Email: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Is there any other information that we should be aware of in knowing, understanding and assisting the student? (e.g. adopted child, blended family etc)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## EMERGENCY CONTACTS

Please give us the details of whom we should contact in an emergency; parents first, then an outside person (i.e. family friend, etc) if parents are unavailable

1	Name	Relationship to you	Home phone:  Cell phone:
2	Name	Relationship to you	Home phone:  Cell phone:
3	Name	Relationship to you	Home phone:  Cell phone:

Can we refer your son/daughter to a doctor, dentist or the nearest hospital in an emergency?

- Yes
- No

## SECTION 3: SCHOOL STUDY

Subjects currently being studied:

<i>Subject</i>	<i>NCEA Level</i>
1.	
2.	
3.	
4.	
5.	
6.	

NCEA Level One Summary: \_\_\_\_\_ Credits gained in total for \_\_\_\_\_

<i>Subject</i>	<i>Level</i>	<i>Total credits gained/Max available</i>	<i>Credits – Achieved</i>	<i>Credits – Merit</i>	<i>Credits – Excellence</i>
<i>e.g. Spanish</i>	<i>Level 2</i>	<i>15/24</i>	<i>11</i>	<i>4</i>	<i>0</i>
1.					
2.					
3.					
4.					
5.					
6.					

Proposed subjects 2011

Subject	NCEA Level
1.	
2.	
3.	
4.	
5.	
6.	

New Zealand Qualifications Subject Authority Number: \_\_\_\_\_

Are you eligible for a reader/writer?  Yes  No

Confidential School Referee (see page 10 for details):

Name: \_\_\_\_\_ Position: \_\_\_\_\_

Contact: Cellphone number: \_\_\_\_\_ Work: \_\_\_\_\_

School: \_\_\_\_\_

# SECTION 4: PRIVACY ACT/DECLARATION

## PRIVACY ACT 1993 - PROVISIONS

### ***1. Purpose for which enrolment information is collected.***

The information is collected for the administration of the school and to assess any special education needs. It is only shared with parties authorised to have it.

### ***2. Storage***

The information is held at-  
Mt Hutt College Methven  
P.O. Box 58  
Methven

It is accessible by staff members of the school, and the Board of Trustees.

### ***3. Access to and correction of information***

At any time, you may request access to the information, and you may request correction of the information.

## DECLARATION:

- *I/We authorise Mount Hutt College Methven to ask my child's previous school for any relevant school records, or to send them on to a future school, if necessary.*
- *I/We have read the Prospectus and agree to be bound by all the School and Lodge Rules and Regulations.*
- *I/We agree to pay any fees/dues the school finds necessary to levy. This includes practical subjects, additional outdoor pursuit expenses and damage to school owned or leased property.*
- *I/we agree that in the event of a student withdrawal at any time during the course the school is not obliged to refund any or part of a non-refundable instalment.*
- *I/We have read and agree to the Mount Hutt College Methven Illegal Substances Policy and the Outdoor Pursuit Lodge alcohol guidelines.*
- *I/We agree to allow the Lodge Supervisor to give signed permission for school related day and overnight trips etc.*

## SIGNATURES:

Parents/Legal Guardians: \_\_\_\_\_

\_\_\_\_\_

Student: \_\_\_\_\_

Date: \_\_\_\_\_

**STUDENTS ENROLING FOR THIS COURSE PLEASE NOTE THAT THIS APPLICATION MUST BE ACCOMPANIED BY:**

- Copy of latest school report.
- Copy of your NCEA Level 1 results.
- One confidential referees report.
- Any other relevant material which supports your application.
- Payment of the \$500 enrolment fee as detailed on fees sheet.
- Section 5 – filled in by the students. (see over)
- Passport size photos of student applicant.
- Copy of Birth Certificate (proof of birth date).

\* Please ensure that the Confidential School Reference Sheet included in the Application Pack is given to your nominated Referee (listed on page 8) in plenty of time and remind the Referee that this reference is to be forwarded by him/her direct to Mt Hutt College Methven before **Monday 13<sup>th</sup> September, 2010.**

Full application with \$500 enrolment fee to be posted to the following address by **Friday 20<sup>th</sup> of August 2010:**

Niki Earnshaw  
Outdoor Pursuits Manager  
Mt Hutt College  
PO Box 58  
Methven

Office Use Only:

Year Class: \_\_\_\_\_ House: \_\_\_\_\_

Admission Number: \_\_\_\_\_ Admission Date: \_\_\_\_\_

Leaving Date: \_\_\_\_\_ Destination: \_\_\_\_\_





# Mount Hutt College

Rakaia Gorge Rd, Private Box 58, Methven, Mid Canterbury, New Zealand

Tel (03) 302-8437, Fax (03) 302-8328

Email: college@mthutt.school.nz      www.mthuttcollege.co.nz



## CONFIDENTIAL SCHOOL REFERENCE

**Mount Hutt College Methven Outdoor Pursuits Course 2011**  
(To be completed by Principal, Guidance Counsellor or Dean)

**PLEASE RETURN FORM BY 13<sup>th</sup> OF SEPTEMBER, 2010 TO:**

Niki Earnshaw  
Outdoor Pursuits Manager  
Mount Hutt College Methven  
PO Box 58  
METHVEN

Student's Name: \_\_\_\_\_ Current Year Level: \_\_\_\_\_

Academic Ability	Poor  __ __ __ __  Excellent
Academic Performance	Poor  __ __ __ __  Excellent
Level of Motivation	Poor  __ __ __ __  Excellent
Attendance	Poor  __ __ __ __  Excellent
Relationship with Peers	Poor  __ __ __ __  Excellent

Relationship with adults	Poor  __ __ __ __  Excellent
Behaviour/attitude to School Authority	Poor  __ __ __ __  Excellent
Leadership Qualities	Poor  __ __ __ __  Excellent
Level of Independence	Poor  __ __ __ __  Excellent
Other Relevant Information	

We appreciate you taking the time to fill out this reference. We may need to contact you further by phone. Please give us an out of hour's number in case we cannot get you at school.

Ph: \_\_\_\_\_

This report will be kept confidential to the Principal and those directly involved in the selection procedure.

Referees Name (Please print) \_\_\_\_\_

School: \_\_\_\_\_ Position: \_\_\_\_\_

Your school phone number: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Please return this reference by mail to the above address by Monday 13<sup>th</sup> of September, 2010.**