



APPLICATION FOR ENROLMENT

ĀKONGA (STUDENT) DETAILS

Legal Surname: _____ Legal First Name _____ Middle Name: _____

Preferred Surname: _____ Preferred First Name _____

Date of birth: _____ Gender _____ Student Cell phone: _____

Country of Citizenship: _____ Current School Year Level: _____

ETHNIC ORIGIN

Was your child born in New Zealand or overseas - Country of Birth _____

If English is not the first language spoken at home, please indicate which is: _____

Statistical information for Ministry of Education: Ethnic Origin (please tick appropriate ethnic origin(s) of student).

- NZ/European Māori Chinese Cook Island Fijian Other (name)
- Indian Niuean Samoan Tokelauan Tongan _____

(NB: Tick all that apply)

If you are Māori and your iwi is known, please state iwi: _____

A copy of your child's birth certificate should be provided for New Zealand citizens For Overseas applicants, proof of residency must also accompany the application.

Verification Document: e.g. NZ Birth Certificate, NZ Passport, Visa, Other: _____

Expiry Date: _____ Serial Number: _____ Date of arrival in NZ _____
(if applicable)

Previous School: _____ Eligibility: e.g. NZ Citizen, NZ Resident, Other: _____

WHĀNAU (CAREGIVER) DETAILS

Whānau (Caregiver) #1 (MUST LIVE WITH THE STUDENT)

Relationship to Student: _____

Gender: _____

Name: _____

[First Name] [Surname]

Email: _____

(required to access Parent Portal and receive notices)

Phone: (home) _____ (work) _____

Mobile: _____

Address: _____

Post Code: _____

Whānau (Caregiver) #2

Relationship to Student: _____

Gender: _____

Name: _____

[First Name] [Surname]

Email: _____

(required to access Parent Portal and receive notices)

Phone: (home) _____ (work) _____

Mobile: _____

Address: _____

Post Code: _____



Enrolment Type: (Tick relevant): Domestic International

Year starting at this school: _____ **Start date:** _____

EMERGENCY CONTACTS

Please list name(s) and addresses of other whānau (e.g., grandparents, close relatives) who could be contacted in case of an emergency or other special need: **(at least one required)**

Name: _____	Name: _____
Address: _____	Address: _____
Phone: (home) _____ (work) _____	Phone: (home) _____ (work) _____
Mobile: _____	Mobile: _____
Relationship to Student: _____	Relationship to Student: _____

MEDICAL INFORMATION

Doctor: _____ **Medical Centre:** _____

Phone Number: _____

Medical Conditions / Allergies (please list) and severity:

Other Medical Notes (Does the student have any medical conditions, which the school should be informed about? If so, please provide a management plan of how this condition is to be managed. Attached Yes No

IMMUNISATION: Copy of the immunisation record for file Yes No

<input type="checkbox"/> 6 Week Immunisation	<input type="checkbox"/> 3 Month Immunisation	<input type="checkbox"/> 5 Month Immunisation	<input type="checkbox"/> 15 Month Immunisation
<input type="checkbox"/> 4 Year Immunisation	<input type="checkbox"/> 11 Year Immunisation	<input type="checkbox"/> 12 Year Immunisation	

MEDICATION:

Indicate if any medication is to be held at school and administered by staff. I you have ticked this box, you must sign an Administration of Medication form at the school office.

If you have ticked the box above, please list the details of any medication taken:

LEARNING SUPPORT INFORMATION

Does the student have any special learning needs, which the school should be informed about? If so, please provide details below. Please supply copies of any special learning needs diagnoses reports if applicable. e.g. dyslexia diagnosis report.

Has the student had any support from educational agencies (e.g., RTLB support) If so please provide details below.

CONSENTS

- | | | |
|--|----------------------------------|--|
| Photo Publication Consent: | <input type="checkbox"/> Agreed. | School can use student's photo for publication purposes. |
| Cyber Safety & Digital Devices Consent: | <input type="checkbox"/> Agreed. | Has permission to use internet in accordance with school policies and procedures. |
| Transport Permission: Consent: | <input type="checkbox"/> Agreed. | Has permission to be transported to events in accordance with the school policies and procedures. |
| Education Outside the Classroom Consent: | <input type="checkbox"/> Agreed. | Has permission to take part in off-site events in accordance with the school policies and procedures. |
| Learning Support Register: | <input type="checkbox"/> Agreed. | Has permission to share information with educational support services on the school's learning support register. (see explanation in the booklet.) |

**A COPY OF THE SCHOOL'S INFORMATION AND CONSENT BOOKLET
IS AVAILABLE AT THE SCHOOL OFFICE OR ON OUR WEBSITE.**



FURTHER INFORMATION

Any other important information you would like the school to know: (e.g. custodial issues)

AGREEMENT

I understand that this information will be kept securely and is being collected to allow Kaikorai Valley College to carry out the functions required of it, and that this information may be disclosed to another specified agency only in accordance with Principles 10 to 12 of the Privacy Act 2020.

If this application is accepted, the parent/caregiver and student agree to accept the school's requirements concerning behaviour management, attendance, uniform and fees.

- **Email:** Please note that your email address is your access to the Parent Portal in EDGE, our Student Management System.
- **Use of student photos, video clips, work produced and other related material used for promotional purposes:** I understand and agree that photographs, video clips, work produced and other related material may be used from time to time in school publications and for promotional and educational purposes.
- **Payment of course costs:** The payment of costs associated with running courses is important for the ongoing progress of our students. These may be paid upon invoice or by regular automatic payment into the school bank account. Please contact the Student Office if you wish to set up an automatic payment. If you are paying by Internet banking please include your child's name in the reference line.
- There will be additional costs for specific school events/activities, which will be advised prior to the event/activity.
- By signing this form, I am demonstrating that I am willing to pay costs associated with my child's education.
- **Contact details** on this form are required by law to be forwarded to the Ministry of Social Development. This is so at-risk young people can be identified and offered support by organisations contracted to help re-engage young people in education or training when they leave school. The information will not be used for any other purpose.
- **Disclaimer:** The Kaikorai Valley College Board of Trustees makes every effort to ensure the grounds and buildings of the college are a safe environment. The Board however accepts no responsibility for any accident or injury that may be sustained by any person or persons, or for damage or loss to property, while on these premises.

I have read the above agreement and agree to comply with the school's policies and procedures and give my written consent to the permissions outlined under Consents (in red) as part of this enrolment application.

Signed: **Student:** _____

Signed: **Parent/Caregiver:** _____ **Date:** _____

Attached:

- Birth certificate/Passport or Visa attached
- Copy of Immunisation Record
- Health Management Plan (If applicable)

Ngā mihi nui, thank you.

This form should be completed and forwarded to:

Main Office, Kaikorai Valley College, 500 Kaikorai Valley Road, Bradford, Dunedin 9011