Date: ________________
Teacher: ______________
Approved: Yes/No

APPLICATION FOR ADMISSION/ENROLMENT

Student Information

Legal Last Name:			
Legal First Names:			
Preferred Name:		Year Level:	

Personal Details

Gender:	Male		Female		Other:		Date of Birth:	

Student Contact Details

Home Address:			Suburb:	
City:			Post Code:	
Home Phone:		Student Cell Phone:		
Student email:				

Ethnicity

	NZ European		First Language	
	NZ Maori		Iwi/Tribe(s)	
	Other		Please specify	

	NZ Citizen		Permanent resident	

Regular School and Learning Details

Present School		Contact person	
School Ph no.		Position	
Contact person email			

Number of days absent in the last term/year					
Any special learning needs?					
Health School Roll before?	Yes		No		When?

Do you have a device for learning at home?	Yes		No	
Do you have internet access at home?	Yes		No	

Parent/Caregiver Details

Caregiver 1

Last Name		First Name:	
Relationship to student (Mother/Stepmother/Caregiver)			
Postal Address:		Suburb:	
City:		Post Code:	
Work Phone		Cell Phone:	
Email			

Caregiver 2

Last Name		First Name:	
Relationship to student (Father/Stepfather/Caregiver)			
Postal Address:		Suburb:	
City:		Post Code:	
Work Phone		Cell Phone:	
Email			

Emergency Contact (someone other than the above)

Name			Relationship to student		
Home Phone:		Cell Phone:		Work Phone:	

General Health Information

Doctor (GP):		Phone:			
Primary health condition/reason for application					
Covid Vaccination Status (if eligible)		Yes		No	Exempt

Tick if your child has any of the following conditions

	Migraine		Epilepsy		Asthma		Diabetes

Any other medical condition or disability. Details:	

Does your child have any allergies? If yes please specify.

Yes		No		Details:	

Person completing this form and relationship to student	

Other Services Involved

	RTLB		Speech Language Therapy		
	Social worker/Oranga Tamariki		ORS		Teacher Aide
	Other, please specify:				

Consents
Medical

	If the school is unable to contact you, or the event is serious, I agree to my child receiving any emergency medical, dental, or surgical treatment, including anaesthetic or blood transfusion, as considered necessary by the medical authorities present
	Any medical costs not covered by ACC or a community service card will be paid by me.

Privacy
I consent to my child (tick where appropriate)

	Being photographed and videoed		Participating in educational visits and outings
	Using email and internet		Having work displayed or published
	Having student images or work published on the internet		

Parent Consent: ***This is an important notice. Please read carefully.***
I/We request that the Southern Health School (SHS) admit/enroll the student and hereby consent to the SHS obtaining from any medical practitioner, counsellor, social worker or other health service provider, details of the student's medical history, condition and treatment for the purpose of assessing the student's particular education and transition needs, and eligibility for admission/enrolment with the SHS.
I/We acknowledge that pursuant to the terms of the Privacy Act 2020 I /we may have access to personal information held by the SHS and are entitled to request correction of information held.
I/We agree that if and when the SHS staff work with the student at home, an adult caregiver will always be present. I understand that equipment loaned to the student becomes the responsibility of the parent/caregiver to repair/replace if damaged or lost excluding fair wear and tear.

PARENT/CAREGIVER SIGNATURE

Name:		**Signature:**	

Where did you find out about us (for statistical purposes)?

	Hospital		School		Family Doctor		Specialist

Mental Health Programme: (please specify)	
Other: (please specify)	

Purpose of Information
This application collects personal information about the student. The information is principally collected for statistical purposes and for the purpose of assisting in the analysis of, and educational planning for, the student. Contact details are also 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. Failure to provide the information requested may result in the application being declined. You have rights of access to and correction of any personal information contained in this application subject to the provisions of the Privacy Act 2020.