



Office use only
Date: _____
Teacher: _____

APPLICATION FOR ENROLMENT

Student Information

Legal Last Name			
Legal First Names			
Preferred Name		Year Level	
Gender		Date of Birth	

Student Contact Details

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

Ethnicity & Residency

<input type="checkbox"/>	NZ European	<input type="checkbox"/>	NZ Citizen	<input type="checkbox"/>	Permanent Resident
<input type="checkbox"/>	NZ Maori Iwi/Hapu:				
<input type="checkbox"/>	Other Ethnicity:	First Language:			

Regular School and Learning Details

Present School					
Contact Person & Position			Contact person email		
Number of days absent in the last term/year		Health School Roll before?	Yes / No	When?	
Any Specific Learning Difficulties?	<i>If Yes, please specify</i>				
Officially diagnosed?	Yes / No				
Do you have a device for learning at home?	Yes / No	Do you have internet access at home?	Yes / No		

Person completing this form and relationship to student					
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Parent/Caregiver Details

Caregiver 1

Last Name			First Name		
Relationship to student			Cell Phone		
Postal Address			Suburb		
City			Post Code		
Email					

Caregiver 2

Last Name		First Name	
Relationship to student		Cell Phone	
Postal Address		Suburb	
City		Post Code	
Email			
Parenting agreement / shared custody / No contact order details, if relevant:			

Emergency Contact (someone other than the above)

Name		Relationship to student	
Cell Phone		Home/Work Phone	

General Health Information

Doctor (GP):		Practice Name:	
Primary health condition/reason for application			

Other Medical Conditions

<input type="checkbox"/>	Diabetes	<input type="checkbox"/>	Epilepsy	<input type="checkbox"/>	Asthma	<input type="checkbox"/>	Allergy:
<input type="checkbox"/>	Other						

Other Services Involved (eg Teacher Aide, Oranga Tamariki, Speech Language therapy, Police, ORS funding)

Yes / No	Please specify service:
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Medical Consent

Yes / No	If the school is unable to contact you, or the event is serious, I agree to my child receiving emergency medical, dental, or surgical treatment, including anaesthetic or blood transfusion, as considered necessary by the medical authorities present
Yes / No	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)

<input type="checkbox"/>	Being photographed/videoed with student's permission	<input type="checkbox"/>	Having student images or work displayed
<input type="checkbox"/>	Using email and internet	<input type="checkbox"/>	Having work displayed or 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 school, education provider, medical practitioner, counsellor, social worker or other health service provider, details of the student's medical history, condition and treatment and education information (e.g. attendance, academic, pastoral) for the purpose of assessing the student's particular education and transition needs, and eligibility for 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	
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Where did you find out about us? (for statistical purposes)

<input type="checkbox"/>	Hospital	<input type="checkbox"/>	School	<input type="checkbox"/>	Family Doctor	<input type="checkbox"/>	Specialist	<input type="checkbox"/>	Other:
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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.