



MELVILLE HIGH SCHOOL

6 Collins Road, Melville, Hamilton 3206

Phone (07) 843 4529

Fax (07) 843 0358

Date rcvd _____

OFFICE USE ONLY

Starting Date: _____

- Birth Certificate/ Passport/Visa Copy
- Attached
- EAL referral
- Ref to SLT

2018 ENROLMENT

Student's Surname:

Student's First Name:

Student's Preferred Name:

Date of Birth: **2018 Year Level:** *[please tick one]* 9 10 11 12 13
Please attach a copy of Birth Certificate

Gender: *Please circle one* F M NZ Citizen: Y N

Country of Birth: Date Entered New Zealand:
Please attach a copy of Passport and Visa if not born in NZ

Language spoken at home:

National Student Number NSN:

Previous School/s attended:

Current/Last School/s:

Date left previous school: Reason for leaving:

Please list any brother/s or sister/s currently enrolled at Melville High:

Names of siblings:

Do they live in the same household as you?: Yes No

Ethnicity: *Please tick appropriate boxes*

NZ Māori: Iwi 1 Iwi 2 Iwi 3

NZ European: Pacific Islander *[please specify]:*

Other *[please specify]:*

Religion, if any: *Please specify*

NOTE: Please attach a copy of NZ Birth Certificate or Passport. This is required for ALL applicants.

PRIMARY CAREGIVER/S INFORMATION: (caregiver/s that Student lives with)

FEMALE (Mrs / Ms / Miss) - please circle one	MALE
Name: <input style="width:90%;" type="text"/>	Name: <input style="width:90%;" type="text"/>
Relationship to student: <i>i.e.: Mother</i> <input style="width:150px;" type="text"/>	Relationship to student: <i>i.e.: Father</i> <input style="width:150px;" type="text"/>
Home Ph: <input style="width:350px;" type="text"/>	Home Ph: <input style="width:350px;" type="text"/>
Occupation: <input style="width:100px;" type="text"/> Work Ph: <input style="width:100px;" type="text"/>	Occupation: <input style="width:100px;" type="text"/> Work Ph: <input style="width:100px;" type="text"/>
Mobile Ph: <input style="width:350px;" type="text"/>	Mobile Ph: <input style="width:350px;" type="text"/>
Email: <input style="width:350px;" type="text"/>	Email: <input style="width:350px;" type="text"/>
Address: <input style="width:350px; height: 40px;" type="text"/>	Address: <input style="width:350px; height: 40px;" type="text"/>
Post Code: <input style="width:100px;" type="text"/>	Post Code: <input style="width:100px;" type="text"/>

SECONDARY CAREGIVER/S INFORMATION: (caregiver/s that Student sometimes lives with)

FEMALE (Mrs / Ms / Miss) - please circle one	MALE
Name: <input style="width:90%;" type="text"/>	Name: <input style="width:90%;" type="text"/>
Relationship to student: <i>i.e.: Mother</i> <input style="width:150px;" type="text"/>	Relationship to student: <i>i.e.: Father</i> <input style="width:150px;" type="text"/>
Home Ph: <input style="width:350px;" type="text"/>	Home Ph: <input style="width:350px;" type="text"/>
Occupation: <input style="width:100px;" type="text"/> Work Ph: <input style="width:100px;" type="text"/>	Occupation: <input style="width:100px;" type="text"/> Work Ph: <input style="width:100px;" type="text"/>
Email: <input style="width:350px;" type="text"/>	Email: <input style="width:350px;" type="text"/>
Address: <input style="width:350px; height: 40px;" type="text"/>	Address: <input style="width:350px; height: 40px;" type="text"/>
Post Code: <input style="width:100px;" type="text"/>	Post Code: <input style="width:100px;" type="text"/>

EMERGENCY CONTACT INFORMATION: (different from above)

Name: <input style="width:400px;" type="text"/>	Relationship to student: <input style="width:150px;" type="text"/>
Home Phone: <input style="width:200px;" type="text"/>	Mobile Phone: <input style="width:300px;" type="text"/>

MEDICAL INFORMATION

Doctor's Name <input style="width:400px;" type="text"/>	Phone: <input style="width:150px;" type="text"/>				
Please tick if your child has any of the following:					
Asthma <input type="checkbox"/>	Diabetes <input type="checkbox"/>	Epilepsy <input type="checkbox"/>	Kidney problems <input type="checkbox"/>	Heart condition <input type="checkbox"/>	
Hayfever <input type="checkbox"/>	Ear Infection <input type="checkbox"/>	Hearing problems <input type="checkbox"/>	Anxiety <input type="checkbox"/>	Depression <input type="checkbox"/>	
Migraine <input type="checkbox"/>	Skin conditions <input type="checkbox"/>	Menstrual problems <input type="checkbox"/>	Eyesight problems <input type="checkbox"/>	Hepatitis <input type="checkbox"/>	
Fainting <input type="checkbox"/>	Allergies <input type="checkbox"/>	Other <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
If Other please list: <input style="width:700px;" type="text"/>					
If Allergies ticked please list: <input style="width:600px;" type="text"/>					
List treatment required: <input style="width:600px;" type="text"/>					
List any medication being taken: <input style="width:600px;" type="text"/>					
Please tick any vaccinations received: <i>(Please provide documentation)</i>					
MMR <small>Measles, Mumps, Rubella</small> <input type="checkbox"/>	Tetanus <small>Year given</small> <input type="text"/>	Chicken Pox <input type="checkbox"/>	Hepatitis <input type="checkbox"/>	Measles <input type="checkbox"/>	Other <input type="checkbox"/>
PANADOL: Please tick box if you consent to the first aid officer administering Panadol for non-urgent/minor ailments. <input type="checkbox"/>					

MELVILLE HIGH SCHOOL

2018 RESPONSIBLE USE OF DIGITAL DEVICES AGREEMENT

When using Information and Communication Technologies (ICT), at Melville High School, I will always be a good digital citizen.

This means that I:

Student Name:

Tutor Group:

Office Use Only

1. Will work towards becoming a confident and capable user of ICT.
2. Will use ICT for learning as well as other activities.
3. Will think carefully about whether the information I see online is true.
4. Will learn to use language of digital technologies.
5. Understand that I may experience problems when I use technology, but I will learn to deal with them
6. Will always use ICT to communicate with others in positive, meaningful ways.
7. Will be honest and fair in all of my actions using ICT.
8. Will always respect people's privacy and freedom of speech online.
9. Will help others to become a better digital citizen.

Student Declaration:

I understand that these guidelines for responsible use are to be followed when using any technology whilst at school, or whilst on any school activity. I am aware that this may include the use of a device that the school does not own.

I understand that if I breach this responsible use agreement, I may lose access to school ICT services, including the use of the internet, on school owned devices or any personally owned device used at school.

I further understand that there will be consequences, if I should violate these conditions.

Student to Sign:

Parent/Caregiver to Sign:

APPLICATION FORM FOR E-LEARNING CLASS 2018

In 2018 we are offering an E-Learning class for a Year 9 and 10 class.

This is the first stage of implementing a full school E-Learning teaching and learning programme. We have committed a significant amount of resources to developing our infrastructure, and now have the capacity to develop fully the teaching and learning programme.

I am seeking an indication of interest from students to see who would like to be involved in the Year 9 and the Year 10 class involved with E-Learning. If you would like to be involved please complete the following form to help us with the selection process.

Office Use Only

Student Name:

Tutor Group:

1. Do you have Internet access at home? *Please circle one* Y N
2. Do you have Internet access out of school time? *Please circle one* Y N
3. Do you have previous experience working in a E-Learning environment? *Please circle one* Y N

Please provide details:

4. Please give an indication of the type of learner you are:
- a. I am an independent learner. *Please circle one* Y N
- b. I like working in groups. *Please circle one* Y N
- c. I like project based learning. *Please circle one* Y N
- d. I like researching about things. *Please circle one* Y N

5. How do you see a E-Learning programme help your learning?

6. Why do you want to be involved in a E-Learning programme?

7. If selected, I am aware that I would need to have either a Chrome book or laptop.

I have the following device:

8. Do you have any learning needs that will be supported by learning in a digital environment, e.g. poor Handwriting. Dyslexia etc.? *Please circle one* Y N

Please explain:

9. I have access to personal insurance to cover my device should something happen to it *Please circle one* Y N
10. My parents/caregivers have the capacity to support my learning in a E-Learning Programme Y N
11. I have my own: email address Y N Facebook account Y N Twitter account Y N
Blog Y N Other Y N

Further information can be found on the school website.

NOTE**THIS FORM ONLY NEEDS TO BE FILLED IN IF THE STUDENT IS INTERESTED IN BEING IN THE DISTANCE LEARNING CLASS****APPLICATION FORM FOR DISTANCE LEARNING 2018**

Student Name:

Tutor Group:

Office Use Only

Year Level in 2018

 9 10 11 12 13

What is your first language:

List the subject(s) you are considering taking through Distance Learning Courses.

SUBJECT	LEVEL	STUDIED PREVIOUSLY? <i>If Yes, provide details</i>	Y	N
			Y	N
			Y	N

Explain why you would be a suitable candidate for Distance Learning

N.B: *This is a full year course*

NOTE

THIS FORM ONLY NEEDS TO BE FILLED IN IF THE STUDENT IS INTERESTED IN DOING THE SPORTS INSTITUTE COURSE

APPLICATION FORM FOR SPORTS INSTITUTE 2018

Student Name:

Tutor Group:

Office Use Only

Year Level in 2018

9

10

11

12

AREAS OF SPORTING ACHIEVEMENTS

DATES

AREAS OF SPORTING ACHIEVEMENTS	DATES

Name of Sporting Referee:

Phone

Contact Details

Name of Academic Referee:

Phone

Contact Details

I/we declare that the details included in this application are accurate and truthful.

I/we authorise staff of the Melville High School Institute of Sport to seek verification as appropriate.

DECLARATION

I agree that my enrolment will be reviewed at the end of 2018 and that my continued subsequent participation in the Institute of Sport is conditional upon satisfactory performance in the following areas:

- a) Relationships with teaching staff and students b) Application to academic studies c) Focus on chosen sport

ACKNOWLEDGEMENT OF PRIOR MEDICAL CONDITION/S

Student Name:

has the following medical condition/s:

By signing this application form I therefore absolve the Melville High School Board of Trustees from any liability should well-being be endangered through this medical condition

Parent/Caregiver signature:

Date:

Special access or custody orders:

Are there any special access/custody orders that the school should be aware of?: **Yes** **No**

Dental Information:

Name of Dentist: Phone:

Mobile Dental Clinic

I would like to enrol my child with the Mobile Dental clinic for free dental care. **Yes** **No**

I understand my child cannot be enrolled with any other dental provider (Dentist) at the same time as the Mobile Dental clinic.

I understand I can change my mind and enrol my child elsewhere next year if I choose to.

Bus Information:

Will your child be catching the School Bus? **Yes** **No**

The safety and comfort of everyone on the bus depends on a standard of behaviour and consideration of others that is expected in the classroom. We hope that caregivers will support the school in maintaining these.

Student must live 4.8km from Melville High school and within the TEZ [zone applied by the Ministry]
A bus pass will be issued to the student.

Agency Assistance:

Have you received assistance from any of the following agencies? **Yes** **No**

Hauora Health **Oranga Tamariki** [*Formally CYFs*] **Youth Horizon Trust** **Other**

Other: [*please specify*]

Learning Support:

Has your child had Reading Assistance or other support? **Yes** **No**

Has your child had Writing Assistance or other support? **Yes** **No**

Has your child had Maths Assistance or other support? **Yes** **No**

Has your child been diagnosed with a specific learning disability? e.g.. Dyslexia **Yes** **No**

What is the Learning Disability?

What support was received?

Enrolment process

When we have received your completed enrolment form with a copy of Birth Certificate/Passport and last school report [if possible] we contact the previous school attended to receive further information so we know what class to put the students into. Once received the information it is then passed to the Dean in charge of your child's year level.

The Dean will make an appointment to meet with the student and caregiver/s, after the meeting uniform and stationery can be purchased. The uniform can only be purchased from Direct Uniforms. We start any new enrolments on a Monday morning [except for Year 9 enrolments at the beginning of the year].

Direct Group Uniforms
115 Ellis Street, Frankton
Phone 07 847 6664 or 0800 863 737 : Website: www.directgroup.co.nz
Open Monday – Friday 8am – 5pm

We stock a limited number of Year 9 and Year 10 stationery packs which can be purchased from our Student Services.

NOTE: Please attach a copy of NZ Birth Certificate or Passport. This is required for ALL applicants.

FAMILY DECLARATION

- We agree to abide by the school discipline code and rules.
- We agree to follow the uniform requirements.
- We understand that under the *Education Act 1989* we are required to ensure that our child attends school whenever it is open for instruction and that any absence must be for just cause and be explained to the school.
- We agree to comply with the *Responsible Use of Digital Devices and Internet Agreement*.*
- We agree to comply with the *Bus Registration Form* bus agreement if our child is to catch the school bus.
- We agree to the use of images taken of our child at school activities being used for publicity purposes, such use will be approved by the Senior Leadership Team.

Student to Sign:

Date:

Parent/Caregiver to Sign:

Date:

- Failure to supply relevant personal information, or the supply of incomplete or inaccurate information may cause an enrolment to be declined or cancelled.
- Melville High School undertakes to collect, update, store and disclose personal information in accordance with the provisions of the *Privacy Act 1993*, and the School Code of Practice pursuant to *Section 46 of the Act*. Address and phone number details are collected at the time of enrolment and during the student's time at school so that the school can contact the parent or student as necessary.
- **Please note:** All subject and sport fees, and sundry items are payable within the school year. If an account is not paid, the account may be referred to our debt collection agency and we may charge you a default fee to cover our cost of recovery.

Student's Name:

Has / Has not received a Stand-down / Exclusion from schools he / she has attended.

Has / Has not been Netted for Continuous Absence from schools he / she has attended.

(Please delete as appropriate)

Parent/Caregiver signature:

ENROLLING STAFF MEMBER USE ONLY

Enrolled by:

Code:

Year Level

MHS Staff member signature:

Date:

Referred to SLT Member:

OFFICE USE ONLY

Student Name:

ID Number:

Year Level:

Tutor Group:

House:

Type: