



MELVILLE HIGH SCHOOL

6 Collins Road
Melville
HAMILTON

OFFICE USE ONLY

- AsTtle done
- Birth Certificate/
Passport /Visa
copy attached
- EAL referral
- Ref to SLT

2010 Enrolment Form

Student's Surname:

Student's First Names:

Preferred Name:
(If different)

Date of Birth: Country of Birth:
(Please attach copy of Birth Certificate)

Gender: Date Entered NZ:
(Please attach copy of Passport and Visa)

National Student Number (NSN):

Student's Residential Address:

Post Code:

Student's Postal Address: *(If Different)*:

Post Code:

Name of Guardian/Parent who Student lives with:

Name of Person to Address Mail to *(if Different)*:

Current / Last School: Current / Last Form Level:

Date First Attending Melville High School: Main Language Spoken at Home:

Please list any brother(s) or sister(s) at Melville High School and their tutor group

Names of Siblings: Tutor Group or House:

Office Use Only 2010

<p>ID No: <input type="text"/></p> <p>Year Level: <input type="text"/> TG: <input type="text"/> House: <input type="text"/></p> <p>TYPE: <input type="text"/> STATUS: <input type="text"/></p>	<p style="text-align: center;"><u>Overseas Fee Paying and Exchange Students Only:</u></p> <p>Main Language Spoken at Home: <input type="text"/></p> <p>English Language Index: <input type="text"/> Fee Payable: <input type="text"/></p>
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Guardian 1 Information

Title: (Mr/Mrs/Ms/Miss)	<input type="text"/>	Surname:	<input type="text"/>
Relationship to Student:	<input type="text"/>	First Names:	<input type="text"/>
Address:	<input type="text"/>		Occupation:
	<input type="text"/>		Place of Work:
	<input type="text"/>		Work Phone:
Home Phone:	<input type="text"/>	Mobile Phone:	<input type="text"/>
Email Address:	<input type="text"/>	Txt Capable	YES: <input type="checkbox"/> NO: <input type="checkbox"/>

Guardian 2 Information

Title: (Mr/Mrs/Ms/Miss)	<input type="text"/>	Surname:	<input type="text"/>
Relationship to Student:	<input type="text"/>	First Names:	<input type="text"/>
Address:	<input type="text"/>		Occupation:
	<input type="text"/>		Place of Work:
	<input type="text"/>		Work Phone:
Home Phone:	<input type="text"/>	Mobile Phone:	<input type="text"/>

Emergency Contact Person:

Name:	<input type="text"/>	Relationship to Student:	<input type="text"/>
Address:	<input type="text"/>		Home Phone:
	<input type="text"/>		Work Phone:
	<input type="text"/>		Mobile Phone:

Medical Information:

Name of Doctor:	<input type="text"/>	Phone:	<input type="text"/>
Name of Dentist:	<input type="text"/>	Phone:	<input type="text"/>
Physical Problems:	<input type="text"/>		
Allergies:	<input type="text"/>		
Medication:	<input type="text"/>		

Melville High School has a close working relationship with the local Medical Centre and students may access appointments through our Student Services Centre in confidence.

PANADOL: Please tick box if you consent to the school nurse administering Panadol for non-urgent/minor ailments.

Ethnicity / Religion: Tick appropriate boxes

NZ Maori:	<input type="checkbox"/>	Iwi 1:	<input type="text"/>	Iwi 2:	<input type="text"/>	Iwi 3:	<input type="text"/>
European:	<input type="text"/>	Asian:	<input type="text"/>				
<i>(Please Specify)</i>		<i>(Please Specify)</i>					
Pacific Islander:	<input type="text"/>	Other:	<input type="text"/>				
<i>(Please Specify)</i>		<i>(Please Specify)</i>					
Religion:	<input type="text"/>						
<i>(Optional)</i>							

Are you eligible for Special Education Assistance? Tick appropriate boxes

Yes: No:

High Ongoing Resource Scheme Funding

Very high Ongoing Resource Scheme Funding

Other Assistance: *(Please give details)*

Have you received assistance from any of these Tick appropriate boxes

<input type="checkbox"/> CYFS (Child Youth & Family)	<input type="checkbox"/> Amber Centre
<input type="checkbox"/> GSE (Group Special Education)	<input type="checkbox"/> Youth Horizon Trust
<input type="checkbox"/> CAT (Child & Adolescent Team)	<input type="checkbox"/> Hauora Health
Other: <i>(Please specify)</i>	<input type="checkbox"/> NETS Notification

Have you had Reading Assistance or other support? Tick appropriate box

Yes: No:

Please give reasons for assistance: eg Dyslexia

Do you qualify for Non English Speaking Background Funding? Tick appropriate box

Yes:

No:

Please attach photocopies of Passport, ID Card, Certification and any other relevant documents.

Are you eligible for Accident Compensation Corporation Support? Tick appropriate box

Yes:

No:

Number of Teacher Aide Hours:

Other Assistance: *(Please give details)*

Please list any hobbies, interests, sports, music, drama etc that you are involved in:

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.

I wish to receive an electronic copy of school information. YES NO EMAIL ADDRESS:

Signature of Student: Date:

Signature of Parent: Date:

Failure to supply relevant personal information or the supply of incomplete or inaccurate information may be due cause to decline or cancel an enrolment.

Signature of Parent/Guardian of Student:

Has / Has not received a stand-down/exclusion from schools he/she has attended.
(Please delete as appropriate)

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*.

Enrolled By: Date:
(MHS Staff Member)

Referred to SLT _____

COMPUTER AND INTERNET ACCEPTABLE USE AGREEMENT

Student

I understand and will abide by the conditions and terms set out in the ***Acceptable Use Policy***. I further understand that there will be consequences (including loss of ICT privileges in the school) if I should violate these conditions.

Signature of Student:

Parent / Guardian

As a parent/guardian of this student, I have read the ***Acceptable Use Policy*** and understand that the Information and Communication Technology resource, including the Internet, is available for educational purposes. I recognise that it is impossible for the school to fully restrict access to controversial material. I realise that it is ultimately the responsibility of each student to use the resource responsibly for school related work only. I give permission for my child to be allowed Internet access.

Signature of Parent/Guardian: