



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

2017 Enrolment

Student's Surname:

Student's First Names:

Preferred Name: Gender:

Date of Birth: Country of Birth: Date Entered:
(Please attach copy of Birth Certificate) *(Please attach copy of Passport and Visa)*

National Student Number (NSN): NZ Citizen: *(Please provide Birth Certificate)* YES NO

Current/Last School:

2017 Year Level: *(Please tick appropriate Year Level)* 9 10 11 12 13

Date first attending Melville High School: Main language spoken at home:

Please list any brother(s) or sister(s) at Melville High School

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)

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|---|---|
| <p>Student's Residential Address:</p> <p><input type="text"/></p> <p>Post Code: <input type="text"/></p> <p>Name of Caregiver who Student lives with:</p> <p><input type="text"/></p> | <p>Student's Postal Address: <i>(If different)</i></p> <p><input type="text"/></p> <p>Post Code: <input type="text"/></p> <p>Name of person to address mail to: <i>(If different)</i></p> <p><input type="text"/></p> |
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NOTE: Please attach a copy of NZ Birth Certificate or Passport. This is required for ALL applicants.

Primary Caregiver/s (caregiver that Student lives with) information:

| FEMALE (Mrs / Ms / Miss) - please circle one | MALE |
|---|---|
| Name: <input style="width:95%;" type="text"/> | Name: <input style="width:95%;" type="text"/> |
| Relationship to Student ie: Mother: <input style="width:40%;" type="text"/> | Relationship to Student ie: Father: <input style="width:40%;" type="text"/> |
| Home Ph: <input style="width:20%;" type="text"/> Work Ph: <input style="width:20%;" type="text"/> | Home Ph: <input style="width:20%;" type="text"/> Work Ph: <input style="width:20%;" type="text"/> |
| Occupation: <input style="width:95%;" type="text"/> | Occupation: <input style="width:95%;" type="text"/> |
| Mobile Phone: <input style="width:95%;" type="text"/> | Mobile Phone: <input style="width:95%;" type="text"/> |
| Email Address: <input style="width:95%;" type="text"/> | Email Address: <input style="width:95%;" type="text"/> |
| Address: <input style="width:95%; height: 30px;" type="text"/> | Address: <input style="width:95%; height: 30px;" type="text"/> |
| Post Code: <input style="width:20%;" type="text"/> | Post Code: <input style="width:20%;" type="text"/> |

Secondary Caregiver/s (caregiver that Student sometimes lives with) information:

| FEMALE (Mrs / Ms / Miss) - please circle one | MALE |
|---|---|
| Name: <input style="width:95%;" type="text"/> | Name: <input style="width:95%;" type="text"/> |
| Relationship to Student ie: Mother: <input style="width:40%;" type="text"/> | Relationship to Student ie: Father: <input style="width:40%;" type="text"/> |
| Home Ph: <input style="width:20%;" type="text"/> Work Ph: <input style="width:20%;" type="text"/> | Home Ph: <input style="width:20%;" type="text"/> Work Ph: <input style="width:20%;" type="text"/> |
| Occupation: <input style="width:95%;" type="text"/> | Occupation: <input style="width:95%;" type="text"/> |
| Mobile Phone: <input style="width:95%;" type="text"/> | Mobile Phone: <input style="width:95%;" type="text"/> |
| Email Address: <input style="width:95%;" type="text"/> | Email Address: <input style="width:95%;" type="text"/> |
| Address: <input style="width:95%; height: 30px;" type="text"/> | Address: <input style="width:95%; height: 30px;" type="text"/> |
| Post Code: <input style="width:20%;" type="text"/> | Post Code: <input style="width:20%;" type="text"/> |

Emergency Contact Person: (Different from above)

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|---|--|
| Name: <input style="width:95%;" type="text"/> | Relationship to student: <input style="width:40%;" type="text"/> |
| Home Phone: <input style="width:95%;" type="text"/> | Mobile Phone: <input style="width:95%;" type="text"/> |

Medical Information:

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|---|--|
| Name of Doctor: <input style="width:95%;" type="text"/> | Phone: <input style="width:95%;" type="text"/> |
| Please tick if your child has any of the following: | |
| Asthma <input type="checkbox"/> | Diabetes <input type="checkbox"/> |
| Hayfever <input type="checkbox"/> | Ear infection <input type="checkbox"/> |
| Migraines <input type="checkbox"/> | Skin condition <input type="checkbox"/> |
| Fainting <input type="checkbox"/> | Allergies <input type="checkbox"/> |
| | Other <input type="checkbox"/> |
| Epilepsy <input type="checkbox"/> | Hearing problems <input type="checkbox"/> |
| Kidney problems <input type="checkbox"/> | Anxiety <input type="checkbox"/> |
| Heart condition <input type="checkbox"/> | Eyesight problems <input type="checkbox"/> |
| | Depression <input type="checkbox"/> |
| | Hepatitis <input type="checkbox"/> |
| If other please list: <input style="width:95%;" type="text"/> | |
| If Allergies ticked, please list: <input style="width:95%;" type="text"/> | |
| List treatment required: <input style="width:95%;" type="text"/> | |
| List any medication being taken: <input style="width:95%;" type="text"/> | |
| Please tick any vaccinations received: (Please provide documentation) | |
| MMR <input type="checkbox"/> <small>Measles, Mumps, Rubella</small> | Tetanus <input type="checkbox"/> <small>Please include Year given</small> |
| Chicken Pox <input type="checkbox"/> | Hepatitis <input type="checkbox"/> |
| Measels <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"/> | |

Are there any special access/custody orders that the school should be aware of? Yes: No:
 If 'Yes' please explain and **provide documentary** proof for our file:

Dental Information:

Name of Dentist: Phone
Mobile Dental Clinic Yes: No:
 I would like to enrol my child with the Mobile Dental clinic for free dental care.
 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? Tick appropriate boxes Yes: No:
 A Bus Registration Form must be filled out and attached
 Student must live 4.8km from Melville High school and within the TEZ
(see Bus Registration form on website)
 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 standards.

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 agencies? Tick appropriate boxes
 Amber Centre
 Youth Horizon Trust
 CYFS (Child Youth & Family)
 Hauora Health
 GSE (Group Special Education)
 NETS Notification
 CAT (Child & Adolescent Team)
 Other: *(Please specify)*

Have you had Reading Assistance or other support? Tick appropriate boxes Yes: No:
 Please give reasons for assistance: eg: Dyslexia

Are you eligible for the following? Tick appropriate boxes
Non English Speaking Background Funding Yes: No:
Please attach photocopies of Passport, ID Card, Certification and any other relevant documents.

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 *Acceptable Use of Personal Electronic Equipment, Computer and Internet* agreement.*
- We agree to comply with the *Bus Registration Form* bus agreement if our child is to catch the school bus.* Please ensure the form is filled out on application.* *Information available on www.melville-high.school.nz*

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|-----------------------|-------|
| Signature of Student: | Date: |
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|-------------------------|-------|
| Signature of Caregiver: | 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.

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| <div style="border: 1px solid black; height: 20px; width: 100%;"></div> <p style="font-size: small; margin-top: 5px;">(Student Name)</p> | <p>Has / Has not received a stand-down/exclusion from schools he/she has attended. (Please delete as appropriate)</p> |
| Signature of Caregiver of Student: | |
| | |

| | | |
|---|--|---|
| Enrolled By: <small>(MHS Staff Member)</small> | <div style="border: 1px solid black; height: 30px;"></div> | Date: <div style="border: 1px solid black; width: 100%; height: 20px;"></div> |
| | | <input type="checkbox"/> Referred to SLT _____ |

Office Use Only

| | |
|--|---|
| <p>ID No: <div style="border: 1px solid black; width: 100%; height: 20px;"></div></p> <p>Year Level: <div style="border: 1px solid black; width: 30px; height: 20px;"></div> TG: <div style="border: 1px solid black; width: 30px; height: 20px;"></div> House: <div style="border: 1px solid black; width: 30px; height: 20px;"></div></p> <p>TYPE: <div style="border: 1px solid black; width: 30px; height: 20px;"></div></p> | <p style="text-align: center;"><u>Overseas Fee Paying and Exchange Students</u></p> <p>Main Language Spoken at Home: <div style="border: 1px solid black; width: 100%; height: 20px;"></div></p> <p>English Language Index: <div style="border: 1px solid black; width: 30px; height: 20px;"></div> Fee Payable: <div style="border: 1px solid black; width: 30px; height: 20px;"></div></p> |
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