

STUDENT INFORMATION:

IN ZONE OUT OF ZONE

Legal surname: _____ Legal first names: _____
(AS PER BIRTH CERTIFICATE) (AS PER BIRTH CERTIFICATE)

Preferred name: _____ Date of birth: / / Gender: MALE FEMALE

Proof of eligibility for NZ education: BIRTH CERTIFICATE NZ PASSPORT INTERNATIONAL PASSPORT
(ORIGINAL MUST BE SIGHTED)

Country of birth: _____ Date of arrival in New Zealand: / /
(IF NOT BORN IN NEW ZEALAND)

Student home address: _____

Postcode: _____

Sibling/s at ASHS: _____ Student mobile phone #: _____

Two forms of proof of address: _____
(RECENT MAIL FROM POWER COMPANY, TELEPHONE COMPANY, BANK ETC)

MINISTRY OF EDUCATION INFORMATION: (THIS INFORMATION IS REQUIRED FOR THE MINISTRY OF EDUCATION)

- | | | | |
|--|---|--|---|
| <input type="checkbox"/> African origin | <input type="checkbox"/> Fijian | <input type="checkbox"/> NZ Maori (LIST IWI BELOW) | <input type="checkbox"/> Taiwanese |
| <input type="checkbox"/> Australian | <input type="checkbox"/> Indian | <input type="checkbox"/> Niue | <input type="checkbox"/> Tokelauan |
| <input type="checkbox"/> British/Irish | <input type="checkbox"/> Japanese | <input type="checkbox"/> Pacific Island | <input type="checkbox"/> Tongan |
| <input type="checkbox"/> Chinese | <input type="checkbox"/> Korean | <input type="checkbox"/> Samoan | <input type="checkbox"/> Vietnamese |
| <input type="checkbox"/> Cook Island Maori | <input type="checkbox"/> Latin Am/Hispanic | <input type="checkbox"/> South African | <input type="checkbox"/> Other: _____
(PLEASE SPECIFY) |
| <input type="checkbox"/> Dutch | <input type="checkbox"/> NZ European/Pakeha | <input type="checkbox"/> Sri Lankan | |

Iwi: 1. _____ 2. _____ 3. _____

Languages spoken at home: _____

Previous school attended: _____

LEARNING INFORMATION:

ESOL support given previously: YES NO RTL/Teacher Aide support: YES NO

Education Psych Report and/or Medical Report: YES NO (IF YES, PLEASE ATTACH COPY)

Special Examination Conditions: (GIVEN PREVIOUSLY) YES NO Details: _____

CONTACT INFORMATION:

PARENT/CAREGIVER 1: Title _____ Surname: _____ First name: _____

Relationship to student: _____

Physical address: _____ Postcode: _____

Postal address: _____ Postcode: _____
(IF DIFFERENT FROM ABOVE)

Home phone: _____ Work phone: _____ Mobile phone: _____

Preferred email contact: _____ Occupation: _____

Student lives with: _____ Caregiver/custody/access issues: YES NO

If yes, please give details: _____

8: ENROLMENT FORM

CONTACT INFORMATION:

PARENT/CAREGIVER 2: Title _____ Surname: _____ First name: _____
Relationship to student: _____
Physical address: _____ Postcode: _____
Postal address: _____ Postcode: _____
(IF DIFFERENT FROM ABOVE)
Home phone: _____ Work phone: _____ Mobile phone: _____
Preferred email contact: _____ Occupation _____
Student custody arrangements: (PLEASE DETAIL) _____

ADDITIONAL EMERGENCY CONTACT: (FAMILY MEMBER OR FRIEND IN AUCKLAND **OTHER THAN** PREVIOUS CONTACTS)

Name: _____ Relationship to student: _____
Home phone: _____ Work phone: _____ Mobile phone: _____

MEDICAL PROFILE: (PLEASE TICK IF YOU HAVE ANY OF THE FOLLOWING)

Medic Alert (NUMBER) _____

Migraine Epilepsy Asthma Diabetes Heart condition
 Regular nose bleeds Allergies _____
(PLEASE SPECIFY) Date of last Tetanus: / /
 Other prescribed medication: _____
(PLEASE SPECIFY)
 Other: _____
(PLEASE SPECIFY)

Permission for Panadol to be given: YES NO Signed: _____
SIGNATURE OF PARENT OR GUARDIAN

PRIVACY ACT 1993:

The information requested is retained by the school and will be used for the following purposes:

- To facilitate the operation and administration of the School.
- To enable contact and appropriate treatment in the event of an emergency or student illness.

I/WE AUTHORISE ALBANY SENIOR HIGH SCHOOL TO USE THE INFORMATION SET OUT IN THIS ENROLMENT FORM FOR THE PURPOSES STATED.

SIGNATURE OF PARENT OR GUARDIAN

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Address and phone number details are collected at the time of enrolment and during the student's time at the school so that the school can contact the parent or student as necessary. These contact details may also be passed on to the Ministry of Education and Ministry of Social Development (MSD). This is so young people who may have difficulty finding future employment, training or further education can be identified and offered support by organisations contracted by MSD to help re-engage young people in education or training when they leave school.

PUBLICATION INFORMATION PERMISSION:

Student name: _____

THE PRIVACY ACT 1993

In compliance with the Privacy Act of 1993 Albany Senior High School requires consent from parents/caregivers to publish the name, photographs or work (including video/audio) of their son or daughter in any of the School's publications, on OurTube or on the website, should the need arise.

THE SCHOOL PUBLISHES a school newsletter, a website which is kept current with news and events: www.ashs.school.nz and **press releases**.

TO CONSENT to all of the above, please enter **a tick** in each box below and sign and date the bottom of the page.

TO REFUSE permission in any of the areas listed below, place **a cross** in the box where permission is not granted and sign and date below. **If boxes are left blank or a signature is missing we will assume consent is not granted.**

PHOTO PUBLISHED IN PRINT MEDIA? PHOTO PUBLISHED ON SCHOOL WEBSITE? PRESS RELEASE?

SIGNATURE OF PARENT OR GUARDIAN

DATE: