

**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: _____<br>(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)

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.

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SIGNATURE OF PARENT OR GUARDIAN      SIGNATURE OF PARENT OR GUARDIAN

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](http://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?

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SIGNATURE OF PARENT OR GUARDIAN      DATE: