

WESTERN SPRINGS COLLEGE
ENROLMENT APPLICATION

Applying for : Mainstream / Maori Immersion(Rumaki)	Circle year you are applying for : 9 / 10 / 11 / 12 / 13
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A STUDENT DETAILS

STUDENT'S SURNAME (Family name)		FIRST NAMES (underline the one commonly used)	
HOME ADDRESS			
HOME PHONE NO:		MALE/FEMALE (Circle one)	
DATE OF BIRTH	COUNTRY OF BIRTH	ETHNICITY	IWI
CITIZENSHIP & Date of arrival in New Zealand (if applicable)			
CURRENT SCHOOL		OTHER SCHOOLS ATTENDED IN LAST 12 MONTHS	

B DETAILS OF PARENTS / CAREGIVERS

FULL NAME OF CAREGIVER 1 (Person student lives with)	
Relationship to student:	OCCUPATION
NAME OF EMPLOYER/COMPANY	
PHONE NO: WORK	MOBILE
EMAIL:	

FULL NAME OF CAREGIVER 2		
Relationship to student:	OCCUPATION	
NAME OF EMPLOYER/COMPANY		
PHONE NO: WORK	HOME	MOBILE
HOME ADDRESS		

C EMERGENCY CONTACT (other than caregivers 1 & 2)

NAME:	PHONE NUMBER/S:
RELATIONSHIP TO STUDENT:	

D OTHER INFORMATION

- Learning strengths/difficulties.....
- Previous learning or behavioural support
(Special Ed, RTLB, CYPWA, TYLA project, Whanau support, Youth Aid, Starship)
- Other interests (eg sports, music, cultural activities, library, debating).....
- Relatives (past & present) at this school and years of attendance
 Name (& relationship to student).....Year/s.....
 Name (& relationship to student).....Year/s.....

STUDENT HEALTH INFORMATION

Student Name **Date of Birth**

Family Doctor **Doctor's address**

Dentist **Dentist's address**

Allergies to food, medicines, stings
reaction/medicine taken.....

Immunisation: Fully immunised Yes No

Permission to have Panadol Yes No

Permission to have Mylanta Yes No

- | | | |
|-------------------------------------|---|--|
| <input type="checkbox"/> Anaemia | <input type="checkbox"/> Frequent headaches/migraines | <input type="checkbox"/> Frequent period pain |
| <input type="checkbox"/> Asthma | <input type="checkbox"/> Hearing problems | <input type="checkbox"/> Rheumatic fever/heart disease |
| <input type="checkbox"/> Depression | <input type="checkbox"/> Vision problems | <input type="checkbox"/> ADHD/ADD |
| <input type="checkbox"/> Other..... | | |

Please give more details (e.g. asthma action plan, medications, hearing aid, etc)

Concerns: Other issues you want the nurse to know about (eg sleep patterns, alcohol use)

Free Dental Care: Enrolment form available from the School Nurse or Administration Office

Any medicines brought to school must be left with the nurse. All medicines are kept in a locked cupboard for safety.

The information on this form is kept by the School Nurse to assist in providing health care for your student. It is only shared with teachers if it affects student learning or safety (eg hearing problems, asthma etc).

I hereby make application for enrolment of and will endeavour to see that he/she attends regularly and obeys the school rules at all times. I authorise Western Springs College to ask my child's previous school for any relevant school records.

Signed **Caregiver** **Signed** **Student**..... **Date**

The Privacy Act 1993

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

- *To provide information to the Ministry of Education*
- *To maintain contact with parents and caregivers*
- *To facilitate the operation and administration of the school*
- *To enable contact and give appropriate treatment in the event of emergency or student illness*