



# ROTORUA LAKES HIGH SCHOOL ENROLMENT FORM

PLEASE ENSURE ALL PARTS & BOTH SIDES OF ENROLMENT FORM AND STUDENT'S HEALTH RECORD FORM ARE FILLED OUT

Family Name: \_\_\_\_\_ First Names: \_\_\_\_\_ Male/Female (Please Circle)

Preferred First Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_ Post Code: \_\_\_\_\_

LANDLINE \_\_\_\_\_ PARENTAL \_\_\_\_\_

Home Ph: \_\_\_\_\_ Email: \_\_\_\_\_

Parental Cell Phone: \_\_\_\_\_

Mailing Address (if different): \_\_\_\_\_

Student lives with:  Both Parents  Mother  Father  Caregiver

Guardianship:  Both Parents  Mother (sole custody)  Father (sole custody)

Other:  \_\_\_\_\_

Do custodial arrangements apply re access?  No  Yes *If YES please provide a copy of the court order as soon as possible.*

**MOTHER:** (Mrs, Ms, Miss) \_\_\_\_\_

Address if different from student: \_\_\_\_\_ Hm Ph: \_\_\_\_\_

Occupation: \_\_\_\_\_ Place of Work: \_\_\_\_\_ Ph: \_\_\_\_\_

**FATHER:** \_\_\_\_\_

Address if different from student: \_\_\_\_\_ Hm Ph: \_\_\_\_\_

Occupation: \_\_\_\_\_ Place of Work: \_\_\_\_\_ Ph: \_\_\_\_\_

**GUARDIAN / CAREGIVER:** \_\_\_\_\_

Address if different from student: \_\_\_\_\_ Hm Ph: \_\_\_\_\_

Occupation: \_\_\_\_\_ Place of Work: \_\_\_\_\_ Ph: \_\_\_\_\_

**EMERGENCY DAYTIME CONTACT**

**It is very important that this information is supplied.**

Relationship to student: \_\_\_\_\_

Name: (Mr, Mrs, Ms) \_\_\_\_\_

Address: \_\_\_\_\_

Landline phone number: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

STAFF USE ONLY				
Class Level		Yr		
House Group				
Start Date				
Evidence of identity (circle)	Birth Cert	Pass-port	Res	Other
Internet Licence Completed				
ENROLLED BY (code)				

Previous School: \_\_\_\_\_ Race (circle): European / Māori / Other

Māori Descent - Iwi: \_\_\_\_\_ Hapu: \_\_\_\_\_

Do you whakapapa to Ngāti Whakaue?  Yes  No

Other Race - Please specify: \_\_\_\_\_

Country of Origin (if not NZ born): \_\_\_\_\_

Date of entry to NZ: \_\_\_\_\_

Other Languages spoken at home: \_\_\_\_\_

**SPECIAL NEEDS** My child has received / is receiving special assistance for:

- |  |  |
|--|--|
| <input type="checkbox"/> Reading Recovery  | <input type="checkbox"/> Mathematics Recovery                |
| <input type="checkbox"/> Language Development  | <input type="checkbox"/> Extension / Acceleration Programmes |
| <input type="checkbox"/> Visual Assistance   | <input type="checkbox"/> Hearing Assistance                  |
| <input type="checkbox"/> Individual Education Plan (IEP)   | <input type="checkbox"/> Other _____                         |
| <input type="checkbox"/> My child has a <b>specific learning disorder</b> , please state - ie Dyslexia _____ |  |

### INTERESTS and ACHIEVEMENTS

Sports: \_\_\_\_\_ Musical: \_\_\_\_\_

Cultural: \_\_\_\_\_ Other: \_\_\_\_\_

Parents/Brothers/Sisters who have, or are attending RLHS: Names: \_\_\_\_\_

\_\_\_\_\_ House: \_\_\_\_\_

**PARENTAL ASSISTANCE** I / We would be willing to assist with:

- |  |  |                                      |   |
|--|--|--------------------------------------|---|
| <input type="checkbox"/> Friends of the School (PTA)                       | <input type="checkbox"/> Fund Raising                                | <input type="checkbox"/> Sponsorship | <input type="checkbox"/> Whānau Support |
| <input type="checkbox"/> Sports Coaching/Management (please specify) _____ |  |                                      |   |
| <input type="checkbox"/> Reading Recovery Programmes                       | <input type="checkbox"/> Reader Writer (for student exam assistance) |                                      |   |
| <input type="checkbox"/> School Camps / Outdoor Ed                         | <input type="checkbox"/> Cultural Groups (please specify): _____     |                                      |   |
| <input type="checkbox"/> Others (please specify): _____                    |  |                                      |   |

### SIGNED DECLARATION: (please tick)

- In enrolling my daughter / son / family member at the school, I have seen and read the school rules and I AGREE that she/he shall abide by the school rules and regulations determined by the Principal and the Board of Trustees.
- I understand that my daughter / son / family member must wear the correct school uniform.
- FEES:** As determined by the Board of Trustees, I AGREE TO PAY subject fees, sports fees (inclusive of GST) and I understand the General Activity contribution is a voluntary donation to the school.
- I AGREE to the above information being used for the purpose of data collection for school administration eg. NZQA exam entry forms (Privacy Act 1993).

**YES/NO** - I/We **GIVE PERMISSION** for any digital media (ie: photos, videos) taken/produced by the school to be used for publicity and information purposes, including electronically on KnowledgeNet, School Web Page, School Publications, School Foyer, at Assemblies, etc.

Mother's signature: \_\_\_\_\_ Father's Signature: \_\_\_\_\_

Student's signature: \_\_\_\_\_ Caregiver's signature: \_\_\_\_\_

Date: \_\_\_\_\_

# STUDENT'S HEALTH RECORD

In order for us to care for your child in any illness/emergency situation, could you please complete the following in BLOCK CAPITAL LETTERS (this is required IN ADDITION to information given on the enrolment form).

Family Name: \_\_\_\_\_ Legal First Name: \_\_\_\_\_

Doctor: \_\_\_\_\_ Phone: \_\_\_\_\_

Dentist: \_\_\_\_\_ Phone: \_\_\_\_\_

**Immunisation:**

Has the student received all available vaccinations/ immunisations:  YES  NO

**Does your son/daughter require medical or special consideration due to:**

Condition	Please Circle	Medication Required
Arthritis	YES NO	
Asthma	YES NO	
Diabetes	YES NO	
Epilepsy	YES NO	
Hearing Loss	YES NO	
Impaired Vision	YES NO	
Rheumatic Fever	YES NO	
Other (specify)	YES NO	

**Does your son/daughter suffer an allergic reaction to:**

Food	YES NO	Detail:
Medication	YES NO	Detail:
Stings	YES NO	Detail:
Other (specify)	YES NO	Detail:

**OTHER:**

<b>Swimming Ability</b>	<i>Please circle one</i>		<i>Please Circle one</i>	
	<b>Confident</b>	In Swimming Pool	<b>Confident</b>	In Open Water
	<b>Not confident</b>	In Swimming Pool	<b>Not Confident</b>	In Open Water
<b>Panadol / Nurofen issue</b>	I/We give permission for a member of the Health & Wellness Centre to give Panadol if deemed necessary			<i>Please circle</i> YES NO

**STUDENT & PARENT'S SIGNED DECLARATION:**

- In accordance with the Privacy Act 1993 requirements, I consent to this information being available within the school for the purpose of ensuring personal safety.

Mother / Guardian / Caregiver \_\_\_\_\_ Date: \_\_\_\_\_

Father / Guardian / Caregiver \_\_\_\_\_ Date: \_\_\_\_\_

(Where applicable, both signatures are required)

Student: \_\_\_\_\_ Date: \_\_\_\_\_