



NELSON COLLEGE

Enrolment Form

Waimea Road, Private Bag 16
Nelson 7042
Phone (03) 548 3099
Fax (03) 546 6932
Email: enquiries@nelcollege.school.nz

Student Details			
Student's Family Name <small>e.g. Smith (as on Birth Certificate)</small>			
Student's First Name(s) <small>e.g. Christopher John</small>			
Student's Preferred Name <small>e.g. Chris</small>			
Date of Birth	_____ / _____ / _____ <small>Day Month Year</small>	Year of entry	
Student will be starting at Year Level <small>(please circle one)</small>			
9 10 11 12 13			
Applicant for Boarding Yes No <small>(please circle one)</small> if yes please also complete the final page			
Mail to whom: (for official letters and invoices) <small>e.g. Mr J & Mrs S Jones</small>			
Address <small>(Include Emergency Services or Rapid number for Rural Addresses)</small>	Current Residential Address		
No. / Street			Postal Address
Rural Delivery			
Suburb			
Town			
Postcode			
Previous school before coming to Nelson College			
An Ethnic Group is required by the Ministry of Education for statistical purposes. Please tick one or more.			
<input type="checkbox"/> NZ European / Pakeha			
<input type="checkbox"/> Maori Iwi _____ Rohe _____			
<small>(If you do not know the name of your Iwi, please tick)</small> <input type="checkbox"/> do not know			
<input type="checkbox"/> Other: (please state) _____ First Language (spoken at home) _____			

Eligibility

Nelson College is required to confirm the eligibility of all students. Please confirm the student named on this application is: (tick **one** box)

- a NZ citizen (attach copy of NZ birth certificate or NZ passport or NZ citizenship certificate)
- or**
- a NZ or Australian resident (attach copy of other passport showing NZ residence class visa)
- or**
- an Australian citizen (attach copy of Australian passport)
- or**
- Is **not** a Citizen or Resident of NZ nor a Citizen of Australia (provide valid student visa/permit with conditions containing "Domestic Student")

Country of Birth _____ Country of Citizenship _____

This enrolment form is intended for domestic students only (international students please use International enrolment form).

Siblings at Nelson College	
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Siblings include brothers, stepbrothers, and any children of 'blended' families.

OFFICE USE ONLY							
Interview held with (designated staff member) _____ on ____/____/____							
<i>Copies of supporting documentation must be attached to this form.</i>							
Deans approval		Residency approved (documents attached)		Initial data entry		Letter sent	
				KAMAR entry		Dual enrolled	
Date Received				NZQA		Enrolment withdrawn	

Caregiver Details

Relationship to Student e.g. Mother _____ Mrs / Ms / Miss / Dr (Please circle one)

Family Name _____ First Name: _____

Address _____

Phone - Home () _____ Work () _____ Cell phone _____

Contact by text for attendance purposes Yes / No (circle one)

Email _____

Occupation _____ Employer _____

I wish to receive School Information (e.g. reports, newsletters) Yes /No (circle one)

Relationship to Student e.g. Father _____ Mr / Dr (Please circle one)

Family Name _____ First Name _____

Address _____

Phone - Home () _____ Work () _____ Cell phone _____

Contact by text for attendance purposes Yes / No (circle one)

Email _____

Occupation _____ Employer _____

I wish to receive School Information (e.g. reports, newsletters) Yes / No (circle one)

If parents are separated at which address does the student normally reside:

Mother/Guardian

Father/Guardian

Payment of accounts – Please indicate who will be responsible for the payment of school accounts

Mother/Guardian

Father/Guardian

Emergency Contact: Relationship to Student (e.g. grandparent/neighbour/friend) _____

Family Name _____ First Name _____

Phone - Home () _____ Work () _____ Cell phone _____

If you have further caregiver/guardian details, please complete this panel

Relationship to Student _____ Mr / Mrs / Ms / Dr

Family Name _____ First Name _____

Address _____

Phone - Home () _____ Work () _____ Cell phone _____

Contact by text for attendance purposes Y or N (circle one)

Email: _____ I wish to receive School Information (e.g. reports, newsletters) Yes / No

Parenting Order ... if one is in place please include a copy of any documentation with this application.

This request is made in the interests of the school providing good pastoral care for your child.

Transport to School

Will you travel to Nelson College by bus? Yes No

If yes, which bus? City boundary Motueka (inland) Motueka (Coastal) Hira The Glen Tui Glen

Dodsons Valley Rai Valley Richmond Mapua Wakefield

Medical Details

Student's Doctor _____

Dentist _____

Medical Treatment

Parents/Caregivers enrolling a student at Nelson College give permission for the administration of first aid by staff with first aid training. Nelson College will give non-prescribed medication (according to the dosages specified) in emergency situations only. A register is kept of the medication and treatment given. Students who require non-prescription medication on a semi-regular basis are encouraged to provide their own supply which will be held in the College Office for their use only.

Medical Conditions

Condition/allergy <i>e.g. Asthma, wasp stings</i>	Treatment <i>e.g. Carries own inhaler (self controlling)</i>

Medication

Do you require the College to hold and/or administer medication for your student? Yes No
If 'Yes' the College will make contact to confirm details and complete the necessary consent form(s)

Please provide details of the medication :

Describe any other special circumstances (e.g. health related) that may affect class work, sports or cultural activities:

DOCUMENTS TO BE PROVIDED

Please tick that you have included the following with your enrolment

1. Copy of latest school report
2. Copy of New Zealand Birth Certificate or Passport, or Australian Passport
3. If **not** a New Zealand or Australian citizen-copy of valid student visa / permit

Declaration

Nelson College requires that the following undertakings be agreed to by the parent(s) or legal guardian on behalf of themselves and the enrolling student.

- The information on the previous pages is correct and complete.
- I will advise the College of any subsequent change to this information.
- I am aware that there are costs associated with a number of College activities. I undertake to pay these costs before the activity takes place, unless I have made other arrangements with the Resource Manager.
- For the purposes of the Privacy Act 1993, I hereby acknowledge and understand that:-
 - This information has been provided voluntarily and I/we had a choice as to whether to complete all parts of the form or not.
 - The Board of Trustees of Nelson College is collecting this information for the purposes of providing a database relating to the future education, guidance, monitoring and reporting of the student's progress and pastoral care.
 - The information collected may be aggregated for a variety of statistical and research purposes, but ensuring that no individuals can be identified.
 - The student's work and/or photograph may appear in school publications and unless advised otherwise, it is understood that the school has consent to the publication of work and/or photographs of the student that may appear in such school publications including newsletters, prospectus, magazine and advertising material.
 - The school may disclose names, addresses and telephone numbers to the Parent-Teacher and Past-Pupils' Associations.

Name of Parent/Legal Guardian _____

Signature of Parent/Legal Guardian _____

Date: ___ / ___ / ___

Signature of Student _____

Date: ___ / ___ / ___

NELSON COLLEGE BOARDING

Application for Entry Form

A non refundable application fee of \$75.00 must accompany this application form

Please make cheques payable to Nelson College

Note: Payment of this fee does not commit the College to accepting the applying student into Boarding

Student Information

Preferred House No preference Fell Rutherford Barnicoat
Reason for choice

Please complete a short statement by the applicant on why he would like to come to Nelson College

Proposed Year of Entry (*please circle one*) 2011 2012 2013 2014 2015

Please include the following documentation:

Latest School Report(s) Passport Photograph

Payment Responsibilities

Please indicate below who will be responsible for paying Boarding accounts:

Name: Address:

References

Please nominate two non family members who can be contacted for confidential references:

Name

Name

Telephone No - Home ()

Telephone No - Home ()

Work ()

Work ()

Signature of Parent (Mother)/Legal Guardian _____

Date ___ / ___ / ___

Signature of Parent (Father)/Legal Guardian _____

Date ___ / ___ / ___

Signature of Student _____

Date ___ / ___ / ___