



# NELSON COLLEGE

## Boarding Enrolment Form

Waimea Road, Private Bag 16  
Nelson 7042  
Phone (03) 548 3099  
Email: [boarding@nelsoncollege.school.nz](mailto:boarding@nelsoncollege.school.nz)  
Website: [www.nelsoncollege.school.nz](http://www.nelsoncollege.school.nz)

STUDENT DETAILS			
<b>Legal Family Name</b> <i>e.g. Smith (as on Birth Certificate)</i>			
<b>Legal First Name(s)</b> <i>e.g. Christopher John</i>			
<b>Preferred First Name</b> <i>e.g. Chris</i>			
<b>Date of Birth</b>	____ / ____ / ____ <i>Day Month Year</i>	<b>Start Date:</b>	<b>Term:      Year:</b>
<b>Current / Previous school</b>			
<b>Student will be starting at Year Level</b> <i>(tick one)</i>	<input type="checkbox"/> 9 <input type="checkbox"/> 10 <input type="checkbox"/> 11 <input type="checkbox"/> 12 <input type="checkbox"/> 13		
<b>Name of sibling(s) at Nelson College</b> <i>(if any)</i>			
<b>Mail to whom: (for official letters and invoices)</b> <i>e.g. Mr J &amp; Mrs S Jones</i>			
<b>Address</b> <small>(Include Emergency Services or Rapid number for Rural Addresses)</small>	<b>Current Residential Address</b>		<b>Postal Address</b> <i>(if different)</i>
	No. / Street		
	Rural Delivery		
	Suburb		
	Town		
Postcode			
<b>An Ethnic Group is required by the Ministry of Education for statistical purposes. Please tick one or more.</b> <input type="checkbox"/> NZ European / Pakeha <input type="checkbox"/> Maori (plus Iwi and region if known) Iwi 1: _____      Iwi 2: _____ Iwi 3: _____ <input type="checkbox"/> Other: (please state) _____ First Language (spoken at home) _____			
ELIGIBILITY - this enrolment form is intended for domestic student only (International enrolments use International form)			
Please confirm student eligibility (tick <b>one</b> box)			
<input type="checkbox"/> NZ citizen (attach copy of NZ birth certificate or NZ passport or NZ citizenship certificate) <input type="checkbox"/> NZ or Australian resident (attach copy of passport showing NZ residence class visa) <input type="checkbox"/> Australian citizen (attach copy of Australian passport) <input type="checkbox"/> 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 _____			

PRIMARY CAREGIVERS - as at the address given on the front page	
First and Family Name: Mrs/Ms/Miss/Dr	First and Family Name: Mr/Dr
Relationship to student:	Relationship to student:
Home phone:	Home phone:
Cellphone:	Cellphone:
Email:	Email:
Work phone:	Work phone:
Occupation:	Occupation:
Employer:	Employer:
Text for attendance purposes <input type="checkbox"/> Yes <input type="checkbox"/> No	Text for attendance purposes <input type="checkbox"/> Yes <input type="checkbox"/> No

SECONDARY CAREGIVERS - Secondary Residence – if applicable			
Mr / Mrs / Ms / Miss	First Name:	Family Name:	
Relationship to student:			
Mr / Mrs / Ms / Miss	First Name:	Family Name:	
Relationship to student:			
Postal Address:			
Number / Street:		Phone (Home):	
RD:		Phone (Work):	
Suburb:		Cellphone:	
Town:		Email:	
Postcode:		Occupation:	
Should school information be sent to this address? (e.g. reports, newsletters) <input type="checkbox"/> Yes <input type="checkbox"/> No			

EMERGENCY CONTACT - a person who can be contacted other than the above e.g.: friend, neighbour or grandparent	
Full name:	Relationship to student:
Home phone:	Cellphone:
Work phone:	

LEGAL ACCESS
<p><b>If parents are separated</b> at whose address does the student normally reside:</p> <p><input type="checkbox"/> Mother/Guardian                      <input type="checkbox"/> Father/Guardian                      <input type="checkbox"/> 50/50</p> <p>If a person <b>does not have legal access</b> to your son please provide a copy of the Court Order relating to the person named below:</p> <p>Name: _____ Court Order attached (please tick) <input type="checkbox"/></p> <p>This request is made in the interests of the school providing good pastoral care for your son.</p>

PAYMENT OF ACCOUNTS - Please indicate who will be responsible for the payment of accounts	
<p><b>Payment of day school accounts</b></p> <p><input type="checkbox"/> Mother/Guardian      <input type="checkbox"/> Father/Guardian</p> <p><input type="checkbox"/> 50/50                      <input type="checkbox"/> Other (<i>give contact details below</i>)</p> <p>Name:</p> <p>Relationship to student:</p> <p>Address:</p> <p>Email:</p>	<p><b>Payment of boarding accounts (<i>if different</i>)</b></p> <p><input type="checkbox"/> Mother/Guardian      <input type="checkbox"/> Father/Guardian</p> <p><input type="checkbox"/> 50/50                      <input type="checkbox"/> Other (<i>give contact details below</i>)</p> <p>Name:</p> <p>Relationship to student:</p> <p>Address:</p> <p>Email:</p>

## HEALTH INFORMATION

The ongoing health and wellbeing of your son is the reason we require the following information. Please answer all questions in full. All information on this form is for use by management, health professionals and counsellors only.

Family Doctor:

Dentist:

Conditions/allergies *e.g. Asthma, wasp stings*

Treatment *e.g. Carries own inhaler (self controlling)*

Is your son currently experiencing mental health issues e.g. anxiety, depression, eating disorder?

Yes  No

Has your son ever been treated for mental health issues?

Yes  No

Please give details if you have given any medical information above:

### Medication

Allowed Paracetamol:  Yes  No

Allowed Ibuprofen:  Yes  No

Do you require the College to hold and/or administer medication for your son?

Yes  No

*If 'Yes' the College will make contact to confirm details and complete the necessary consent form/s*

Details of the medication:

### Medical Treatment

Parents/Caregivers give permission for the administering of first aid by staff with first aid training. Non-prescribed medication will be given (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 that will be held in the College Office for their use only.

### Immunisation

Nelson College strongly advise all prospective students are up-to-date with their routine vaccinations PRIOR to starting the school year. <http://www.health.govt.nz/our-work/preventative-health-wellness/immunisation/new-zealand-immunisation-schedule>

## LEARNING SUPPORT - Supporting documentation must be supplied

### Has your son

Been diagnosed with learning or behavioural conditions *e.g. ADHD, Dyslexia, ASD*

Yes  No

Been involved with learning support programmes: *RTLB support, Teacher Aide*

Yes  No

Been involved with English Language Learning tuition (*ESOL*)

Yes  No

Had Special Needs Funding

Yes  No

Describe any special circumstances (learning or behavioural) the school should be aware of that may affect class work, sports or cultural activities:

## Enrolment Terms & Conditions

Policies relating to this enrolment are available on the college website. For further clarification of any of the policies contact the Headmaster.

I/we have read and understood the terms and conditions of the Nelson College Uniform Policy and agree that my son will abide by this policy.

I/we declare that the information supplied is true and correct and agree to observe the following conditions of enrolment.

- Our son is required to abide by all school rules and regulations
- Consent is given to take part in education outside the classroom on-site (within school grounds) and off-site (occurring during school time or finishing before 6pm)
- Costs associated with College activities are paid before the activity takes place unless other arrangements are made with the Finance Office.

For the purposes of the Privacy Act 1993, I hereby acknowledge and understand that:

This information is being collected so students and parents can be contacted as necessary and for a database relating to the future education, monitoring and reporting of the student's progress and pastoral care. This may include information from previous schools. The information collected may be used for statistical and research purposes, while ensuring that no individual is identified.

This student's work and/or photograph may be used in Nelson College publications, website and marketing material.

Nelson College is required to disclose personal information to government agencies, such as the Ministry of Education, Ministry of Social Development, New Zealand Qualifications Authority and other relevant institutions including the Nelson College Old Boys Association.

Name of Parent/Legal Guardian \_\_\_\_\_ Signature of Parent/Legal Guardian \_\_\_\_\_

Signature of Student \_\_\_\_\_ Date: \_\_\_ / \_\_\_ / \_\_\_

# Application for entry to Boarding

A non-refundable application fee of \$100 must accompany this application form. Either by online payment to account 03 0703 0365073 03, using your son's name and 'Boarding Enrolment' as reference, or by cheque 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  Barnicoat  
Reason for choice:

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

It is Nelson College's expectation that all Boarders provide their own laptop/netbook/notebook

Proposed Year of Entry

Please include the following documentation:

Latest School Report(s)  Passport Photograph

## REFERENCES

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

Name .....

Name .....

Telephone No - Home ( ) .....

Telephone No - Home ( ) .....

Work ( ) .....

Work ( ) .....

## DOCUMENTS TO BE PROVIDED Please tick that you have included the following with your enrolment

1. Proof of 'Domestic Status' - ie a copy of NZ Birth Certificate, Passport, Residents Permit or similar
2. Copy of latest school report
3. Copy of Immunisation records (Plunket book or generated from your doctor)
4. Learning conditions documentation if available