



NELSON COLLEGE

Boarding Enrolment Form

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

ONLINE ENROLMENT IS AVAILABLE
VIA THE COLLEGE WEBSITE

STUDENT DETAILS

Legal Family Name <i>e.g. Smith (as on Birth Certificate)</i>			
Legal First Name(s) <i>e.g. Christopher John</i>			
Preferred First Name <i>e.g. Chris</i>			
Date of Birth	____ / ____ / ____ <i>Day Month Year</i>	Year of Entry:	Term:
Current / Previous school			
Student will be starting at Year Level <i>(tick one)</i>		<input type="checkbox"/> 9 <input type="checkbox"/> 10 <input type="checkbox"/> 11 <input type="checkbox"/> 12 <input type="checkbox"/> 13	
Name of sibling(s) at Nelson College <i>(if any)</i>			
Preferred Boarding House:		<input type="checkbox"/> No preference <input type="checkbox"/> Rutherford <input type="checkbox"/> Barnicoat	
Mail to whom: (for official letters and invoices) <i>e.g. Mr J & Mrs S Jones</i>			
Address <small>(Include Emergency Services or Rapid number for Rural Addresses)</small>	Current Residential Address		Postal Address <i>(if different)</i>
	No. / Street		
	Rural Delivery		
	Suburb		
	Town		
Postcode			
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 (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 **one** box)

NZ citizen (attach copy of NZ birth certificate or NZ passport or NZ citizenship certificate)
 NZ or Australian resident (attach copy of passport showing NZ residence class visa)
 Australian citizen (attach copy of Australian passport)
 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 _____

Has your son been stood down, suspended or excluded from a previous school? Yes No

If yes please supply information detailing the circumstances surrounding each disciplinary event.

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:

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

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

Mother/Guardian Father/Guardian 50/50

If a person **does not have legal access** to your son please provide a copy of the Court Order relating to the person named below:

Name: _____ Court Order attached (please tick)

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

PAYMENT OF ACCOUNTS – only complete if different from primary caregivers. A signature is required (see next page)

Payment of day school accounts <input type="checkbox"/> Secondary caregiver <input type="checkbox"/> Other (give contact details below) Name: Relationship to student: Address: Email:	Payment of boarding accounts (if different) <input type="checkbox"/> Secondary caregiver <input type="checkbox"/> Other (give contact details below) Name: Relationship to student: Address: Email:
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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 _____

Date: ___ / ___ / ___

Signature of Student _____

Date: ___ / ___ / ___

Person responsible for payment of account (if different from above)

Full Name _____

Signature _____

Date: ___ / ___ / ___

Application for entry to Boarding

(No application fee required)

STUDENT INFORMATION

Reason for your choice for preferred house if applicable:

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

Nelson College is a BYOD school. All boarders are expected to provide their own laptop/netbook/notebook

REFERENCES

Please provide contact details and permission to contact either your son's current Principal, Boarding Housemaster or Dean for confidential reference:

Name: _____ Title: _____

Phone: _____ Email: _____

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. Passport size photo
3. Copy of latest school report
4. Copy of Immunisation records (generated from your doctor)
5. Learning conditions documentation if applicable