



NELSON COLLEGE

Enrolment Form

Waimea Road, Private Bag 16

Nelson 7042

Phone (03) 548 3099

Email: enrol@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>	Start Date:	Term: Year:
Current / Previous school			

Student will be starting at Year Level *(tick one)* 9 10 11 12 13

Name of sibling(s) at Nelson College *(if any)*

Mail to whom: (for official letters and invoices)
e.g. Mr J & Mrs S Jones

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.

NZ European / Pakeha

Maori (plus Iwi and region if known)

Iwi 1: _____ Iwi 2: _____

Iwi 3: _____

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

PRIMARY CAREGIVERS (as at the address given on the front page)	
Mrs/Ms/Miss/Dr First and Family Name:	Mr/Dr First and Family Name:
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	Full Name:		
Relationship to student:			
Mr / Mrs / Ms / Miss	Full 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>If parents are separated 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>Legal Access: 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) <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 – only complete if different from primary caregivers. A signature is required (see next page)	
<input type="checkbox"/> Secondary caregiver	<input type="checkbox"/> other (give contact details below)
<input type="checkbox"/> Both	Full Name:
	Relationship to student:
	Address:
	Email:

TRANSPORT TO SCHOOLTravel to Nelson College by bus? Yes NoIf yes, which bus? City boundary (Atawhai) Motueka (Inland) Motueka (Coastal) Hira The Glen
 Tui Glen Dodsons Valley Rai Valley Richmond/Stoke Mapua Wakefield Tahunanui**HEALTH INFORMATION - For the ongoing health and wellbeing of your son please answer all questions in full. Information 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)***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:****IMMUNISATION****Is your son fully immunised?** Yes No

We strongly advise that prospective students are up-to-date with routine vaccinations PRIOR to starting the school year.

MENTAL HEALTHIs your son currently experiencing, or has in the past experienced, any mental health issues
e.g. anxiety, depression, eating disorder? Yes No

Has your son ever been treated for mental health problems?

 Yes No**Please give details of any treatment and or 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.

LEARNING SUPPORT (Supporting documentation must be supplied)**Has your son**Been diagnosed with learning or behavioural conditions *e.g. ADHD, Dyslexia, ASD* Yes NoBeen involved with learning support programmes: *RTLB support, Teacher Aide* Yes NoBeen 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, sporting or cultural activities:**

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. Completed Option Form
- 4. Copy of Immunisation records (generated from your doctor)
- 5. Learning conditions documentation if applicable

Enrolment Terms & Conditions

Policies and information relevant to this enrolment are available on the college website enrolment page. For further clarification 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: ___ / ___ / ___

OFFICE USE ONLY							
Interview held with (designated staff member) _____ on ___ / ___ / ___							
Deans approval		Residency approved (documents attached)		Initial data entry		Letter sent	
				KAMAR entry		Dual enrolled	