



Mount Maunganui College

Success with Integrity - Whaià te pono

Year 10 Enrolment Form - 2010

ID Number

Year 10 Class

NZQA NSN Number:

Student Information

Surname: _____ First Name(s): _____
Preferred Name if Different: _____ Sex: Male / Female Date of Birth: _____
Previous School: _____ Last Date of Attendance: _____
Name of any Family Member at Mount Maunganui College: _____
Student Cellphone Number: _____

Citizenship:

Nationality: New Zealander Other _____
First Language: _____ Language Spoken at Home: _____
Do you have permanent residence in New Zealand? Yes No Students born outside of New Zealand will need to produce their passport to verify this information.
Exchange Student: Yes No Overseas Paying Student: Yes No

Ethnic Origin:

NZ Maori _____ Iwi Tongan Samoan Cook Island Maori
 NZ European Niuean Tokelauan Other Pacific Island
 Other _____ Indian Other Asian Chinese

Full Names of Person(s) Student is Living With:

(Note: Mail and Correspondence will be to Caregiver 1)

Caregiver 1:

Title: Mr Mrs Ms Miss
Surname: _____
First Name: _____
Relationship to Student: _____
Residential Address: _____

Email: _____
Employer's Name _____
Occupation: _____
Phone: Home: _____ Work: _____
Mobile: _____
Postal Address (if different from Residential): _____

Caregiver 2:

Title: Mr Mrs Ms Miss
Surname: _____
First Name: _____
Relationship to Student: _____
Residential Address: _____

Email: _____
Employer's Name: _____
Occupation: _____
Phone: Home: _____
Work: _____
Mobile: _____

Local Emergency Contact

Full Name: _____ Phone: _____
Relationship to Student: Grandparent Relative Neighbour Friend

Year 10 Options: (Two for a full year)

Tick two options below.

Art Commerce Graphics Home Economics
Drama French Music IT Performance
Japanese Maori Dance (entry by approval only)
Textiles Wood Metal

If your son / daughter has ever been stood-down or suspended from any school please tick the appropriate box(es):

Stood-down Reason: _____ **Suspended** Reason: _____

Are there behaviour issues (please detail): _____

Are there attendance issues (please detail): _____

Medical Information: (Please describe any relevant medical details)

Asthma	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Rheumatic Fever	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Epilepsy	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Diabetes	<input type="checkbox"/>	<input type="checkbox"/>	Allergic Reactions:	_____				
			Other:	_____				

Name of Doctor / Medical Centre: _____
 Medication Required While at School: _____

School Bus (Please read the information on school buses carefully before completing this section):

Does your son / daughter qualify for a bus subsidy? No Yes **Must live further than 4.8km from Mount Maunganui College**

If your son / daughter does qualify for a bus subsidy complete the following:

Bus Route Colour Code (refer to handout): Purple Yellow Blue Light Green Orange Brown Red

Outside Agencies: Please specify if you have had any previous involvement with:

Resource Teacher of Reading	<input type="checkbox"/>	CAMHS	<input type="checkbox"/>	Hospital	<input type="checkbox"/>
Educational Psychologist	<input type="checkbox"/>	Child Youth & Family Service	<input type="checkbox"/>	SPELD	<input type="checkbox"/>
Numberworks	<input type="checkbox"/>	Speech / Language Therapist	<input type="checkbox"/>	Counsellor	<input type="checkbox"/>
SES	<input type="checkbox"/>	RTLB	<input type="checkbox"/>	Other	<input type="checkbox"/>

Details: _____

THIS SECTION CAN BE LEFT BLANK

Parents / Caregivers - to identify those areas in which you consider your child to have unusually high ability (this will be considered in conjunction with data provided by the contributing school).

Language	<input type="checkbox"/>	Physical Skills	<input type="checkbox"/>	Mathematics	<input type="checkbox"/>	Performance	<input type="checkbox"/>
Drawing	<input type="checkbox"/>	High Values / Ethics	<input type="checkbox"/>	Computer Skills	<input type="checkbox"/>	Foreign Languages	<input type="checkbox"/>
Science	<input type="checkbox"/>	Cultural Knowledge	<input type="checkbox"/>	Oral Language	<input type="checkbox"/>	Social Skills / Leadership	<input type="checkbox"/>

Declaration:

- I / We request that the above named student be enrolled at Mount Maunganui College.
- I / We agree that the above named student will wear the correct school uniform and abide by the rules, regulations and discipline procedures of Mount Maunganui College as laid down in the Uniform and Discipline Policies ratified by the Board of Trustees.
- I / We give permission for Mount Maunganui College to use any images / publications showing my son's / daughter's work or self.
- I / We agree that we have read and will abide by the Internet Use Policy and the Computer Network Policy.
- I / We give permission for the College to obtain school records and any other information relevant to my child's welfare from previous schools. Students may request to view and correct any errors in their records.
- In an emergency I / we give permission for medication to be administered.
- I / We agree to uplift our son / daughter from school if their sickness or injury keeps them from attending classes for more than one hour.
- I / We agree that non uniform items or inappropriate articles can be confiscated and that Mount Maunganui College takes no responsibility for confiscated items that may subsequently be lost or misplaced.
- I / We agree that Mount Maunganui College will not be responsible for costs associated with any accident or injury sustained during a school related activity.
- I / We agree that cellphones are not to be switched on in classrooms and will be confiscated for 24 hours and parents must collect from school if students use them during lessons and that they are brought to school at the students' risk.

Parental / Caregiver Consent for EOTC

Students from time to time will be involved in Education Outside the Classroom for a period of the school day. I consent to my son / daughter's involvement.

I / We Agree that all the information provided is complete true and accurate.

Signature of Mother / Father / Caregiver: _____ Date: _____

Signature of Student: _____

OFFICE USE ONLY (Caregivers **DO NOT** complete):

Identified as a possible medical high risk? Yes

Mount Maunganui College
Enrolment Representative