



Rosehill College

ENROLMENT FORM

2019 (JUNIORS)

Office Use Only	Enrolment No:				
	1	9			
Received on:	Offer sent		I / O		
Year/Class	Group/House		Locker No.		

NAME AND ADDRESS DETAILS

Student's First Name/s:		Student's Surname:	
Name Student wishes to be known by:		Name of Parent/s Caregiver/s	
Student's permanent residential address:			
Postcode:			
Student's postal address (if different to the above):			

OTHER DETAILS

Home Telephone No:		Parent(s) main Mobile No:	
Current School:		Student's Mobile No.	
Male / Female	Date of Birth: _____ Day / Month / Year	Date starting at Rosehill College: _____ Day / Month / Year	Office Use only. Remove from NZQA Yes / No

CULTURAL IDENTITY

<p><i>Please tick the relevant boxes</i></p> <p>This information is required by the Ministry of Education.</p> <p><input type="checkbox"/> Maori <input type="checkbox"/> NZ European/Pakeha</p> <p>If New Zealand Maori, please refer to the list of Iwi enclosed and state:</p> <p>Iwi: _____ Number Code: _____</p> <p>Iwi: _____ Number Code: _____</p> <p>Iwi: _____ Number Code: _____</p> <p>Specify where indicated – eg Samoan</p> <p><input type="checkbox"/> Other European Specify _____</p> <p><input type="checkbox"/> Polynesian Specify _____</p> <p><input type="checkbox"/> Asian Specify _____</p> <p><input type="checkbox"/> Other Specify _____</p> <p>Languages Spoken: _____</p> <p>Main language used at home: _____</p> <p>Born in New Zealand? Yes / No</p>	<p><i>If the student was <u>not</u> born in New Zealand, answer the following questions:</i></p> <p>Country of Origin: _____ Approximate date of arrival in New Zealand: _____</p> <p>Is the student a: (<i>please tick</i>)</p> <p><input type="checkbox"/> Citizen of NZ <input type="checkbox"/> Holder of a current open student visa as a dependant of a holder of an un-expired work permit?</p> <p><input type="checkbox"/> Permanent Resident</p> <p><i>If the student is a permanent resident or holder of a current open student visa please complete these questions:</i></p> <p>Passport No: _____</p> <p>Visa No: _____</p> <p>Work Permit: _____</p> <p>Documents sighted _____ (To be signed by the enrolling teacher.)</p> <p>Date: _____</p>
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PARENT(S) DETAILS (for the parent(s)/step-parent(s) who live(s) at the student's permanent address shown on page 1. Please inform us if parents/caregivers share custody.

1. Surname:	2. Surname:
Title (circle one): Mr / Mrs / Ms / Miss	Title (circle one): Mr / Mrs / Ms / Miss
First Name:	First Name:
Email:	Email:
Mobile Phone No:	Mobile Phone No:
Home Phone No:	Home Phone No:
Work Phone No:	Work Phone No:
Occupation: (Required by the Ministry of Education)	Occupation:(Required by the Ministry of Education)
Workplace:	Workplace:
Relationship to student (circle one): Mother / Father / Step-Parent / Grandparent / Other (please explain):	Relationship to student (circle one): Mother / Father / Step-Parent / Grandparent / Other (please explain):

NAME AND ADDRESS OF PARENT(S) not living at the student's permanent address given on page 1. Please inform us if parents/caregivers share custody.

1. Surname:	2. Surname:				
Title(circle one): Mr / Mrs / Ms / Miss	Title(circle one): Mr / Mrs / Ms / Miss				
First Name:	First Name:				
Address:	Address:				
Email:	Email:				
Mobile Phone No:	Mobile Phone No:				
Home Phone:	Home Phone:				
Work Phone:	Work Phone:				
Occupation: (Required by the Ministry of Education)	Occupation: (Required by the Ministry of Education)				
Workplace:	Workplace:				
Relationship to student (circle one): Mother / Father / Step-Parent / Grandparent / Other (please explain):	Relationship to student (circle one): Mother / Father / Step-Parent / Grandparent / Other (please explain)				
Access rights: Yes / No	School Fees required: Yes / No	School Reports required: Yes / No	Access rights: Yes / No	School Fees required: Yes / No	School Reports required: Yes / No

CONTACT (for emergencies) WHO CAN BE PHONED WHEN PARENT CANNOT BE REACHED

Name: _____
Title: Mr / Mrs / Ms / Miss (circle one)

Address:		
Mobile Phone:	Home Phone:	Work Phone:
Work Place:	Relationship to student:	

SIBLING/S

List below full name of brothers/sisters currently attending Rosehill College

Name	Date of birth	Year Level	House

Yes, I would like to be in the same House, **if it is possible.**

No, I would prefer not to be in the same House.

FORMER SIBLING/S

Does your child have brothers/sisters who have **previously** attended Rosehill College? **YES / NO**

If **yes**, please provide the following details:

Name (whilst at school)	Date of Birth

PARENTS WHO ATTENDED ROSEHILL COLLEGE

Did either of the **parents** attend Rosehill College? **YES / NO**

If **yes**, please provide the following details:

Name (whilst at school)	Date of Birth

LEADERSHIP ROLES

List any leadership positions (eg Head Boy/Girl, Class Captain, Peer Mediator) that your child held in Year 8:

HEALTH INFORMATION

Please see separate Student Health Record Form

SPECIAL HOME CIRCUMSTANCES

Are there any factors that may affect the child's behaviour or learning requirements? **Yes / No**

Details:

SPECIAL EDUCATIONAL NEEDS**JG**

Please tell us about any special education or gifted and talented programme your child has been in.

Details:

