



Rosehill College

ENROLMENT FORM

2019 (JUNIORS)

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

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 / Other	Date of Birth: ____/____/____ Day Month Year	

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>
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PARENT(S) DETAILS (for those living permanently at the student's permanent address shown on page 1)

1. Surname:	2. Surname:
Title (<i>circle one</i>): Mr / Mrs / Ms / Miss	Title (<i>circle one</i>): 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 (<i>circle one</i>): Mother / Father / Step-Parent / Grandparent / Other (please explain):	Relationship to student (<i>circle one</i>): Mother / Father / Step-Parent / Grandparent / Other (please explain):

PARENT(S) DETAILS (for those not living at the student's permanent address shown on page 1)

1. Surname:	2. Surname:				
Title(<i>circle one</i>): Mr / Mrs / Ms / Miss	Title(<i>circle one</i>): 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 (<i>circle one</i>): Mother / Father / Step-Parent / Grandparent / Other (please explain):	Relationship to student (<i>circle one</i>): 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

EMERGENCY CONTACT:

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:

SPECIAL HOME CIRCUMSTANCES

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

Details:

GIFTED AND TALENTED**JG**

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

Details:

LEARNING – SPECIAL EDUCATIONAL NEEDS**RB**

Does the student have any special learning needs caused by (please circle)?:

ADHD/ AUTISM SPECTRUM/ DYSLEXIA / DYSPRAXIA OR OTHER (please give details):

Specialist report included YES/NO if not please provide details below:

BUS TRANSPORT

Will your child be using school bus transport – Murphy Buses? YES / NO

- AT Metro? YES / NO

Route Number

Please enter the bus number given in the enrolment pack.

PERMISSION TO USE PHOTOGRAPHIC IMAGESPlease indicate by ticking the box if you **DO NOT** want your child's photo used in any school publication

If the box is not ticked we will assume that we can use images with no further consultation.

DECLARATION

I request that I be admitted to Rosehill College. I have read the School-wide Rules and I undertake to ensure I observe them and all other School Rules and Policies as determined by the School Board of Trustees and Management.

Signature of Student: _____

I request that my child be admitted to Rosehill College. I undertake to support the College in ensuring that he/she observes the Code of Expectations and abides by all School Rules and Policies, such as the Cyber Safety Policy regarding the Responsible Use of ICTs at the College.

I accept that the College may move my child into or out of classes, in consultation with me, should this be required in order to better meet the learning requirements of my child.

I give permission for data about my child held by his/her present school to be transferred to the College.

Signature of Parent: _____ Date: _____

** We collect address and phone number details at the time of enrolment and during your student's time at school so we can contact you or your student as necessary. As required by recent changes to legislation, these contact details may also be passed on to the Ministry of Education and the Ministry of Social Development (MSD). This is so young people who may have difficulty finding future employment, training or further education can be identified and offered support by organizations contracted by MSD to help re-engage young people in education or training when they leave school. Please tick if you would like this information to remain private.*