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| **Rosehill College** | Office Use Only | Enrolment No: |
|  | **2** | **2** |  |  |  |
| **ENROLMENT FORM**  | Received on: | Offer sent |  I / O |
| 2022 (JUNIORS) | Year/Class | Group/House | Date Starting |
|  |  |  |  |
| **NAME AND ADDRESS DETAILS** |
| Student’sFirst Name/s: |  | Student’s Surname: |  |
| Name Student wishes to be known by: |  | Name of Parent/sCaregiver/s |  |
| Student’s permanentresidential address:Postcode: |  |
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| Student’s postal address (if different to the above): |  |
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| 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 |
| *Please tick the relevant boxes*This information is required by the Ministry of Education. * Maori ❑ NZ European/Pakeha

If New Zealand Maori, please refer to the list of Iwi enclosed and state:Iwi: Number Code: Iwi: Number Code: Iwi: Number Code: Specify where indicated – eg Samoan* Other European Specify
* Polynesian Specify
* Asian Specify
* Other Specify

Languages Spoken: Main language used at home: Born in New Zealand? **Yes** / **No**  | If the student was not born in New Zealand, answer the following questions: Approximate date of Country of Origin: arrival in New Zealand:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Is the student a: (*please tick*) |
| * Citizen of NZ
* Permanent Resident
 | * Holder of a current open student visa as a dependant of a holder of an un-expired work permit?
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| If the student is a permanent resident or holder of a current open student visa please complete these questions:Passport No: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Visa No: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Work Permit: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

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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 (*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): |
| **PARENT(S**) **DETAILS**(**for those** **not living** **at the student’s permanent address shown on page 1)** |
| 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** (Documents must be provided) | **School Fees** **Yes / No** | **School Reports****required:****Yes / No** | **Access rights:****🞏 Yes** **🞏 No** (Documents must be provided) | **School Fees** **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: |

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| SIBLING/S |
| List below full name of brothers/sisters currently attending Rosehill College  |
| Name | Date of Birth | Year | House |
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| 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. |
| 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 / NoDetails: |
| GIFTED STUDENTS | JG |
| Please tell us about any special education or gifted 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 from the information given in the enrolment pack. |
| **PERMISSION TO USE NAMES AND PHOTOGRAPHIC IMAGES** |
| Please indicate by ticking the appropriate boxes if you give permission to use your child’s name or photo in any school publication. If the **Yes** box is ticked, we will assume that we can use their name and images with no further consultation. Class photo and school magazine Yes NoWebsite and newsletters Yes NoOther media, including social media Yes No |
| **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 Rosehill College Board 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. You have the right to ask for a copy of any personal information we hold about you, and to ask for it to be corrected if you think it is wrong. If you would like to ask for a copy of your information, or to have it corrected, or if you wish to see the College's Privacy Statement, please contact us at* *inquiries@rosehillcollege.school.nz**.*