



Te Kura Tuarua o Horomaka Hillmorton High School ENROLMENT APPLICATION

Section 1: Personal

Family Name..... Legal First Names

Preferred Name Birth Date

Student's Address

No./Street.....

Suburb/City/Postal Zone

<input type="checkbox"/> Male
<input type="checkbox"/> Female

Home Phone Number Student Email.....

People Living at the Student's Address

	Family Name	First Name	Work Phone	Cell Phone
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Mother/Guardian/Caregiver

Father/Guardian/Caregiver

Parent/Caregiver Contact Email

Complete contact details below if parent NOT living at the above address

	Family Name	First Name	Work Phone	Home Phone	Cell Phone
Mother					
Father					

Accounts should be sent to

Contact person in an emergency when parents/guardians cannot be contacted

Name Address

Daytime Phone

Ethnicity

NZ Māori: Iwi Affiliation.....

Pacific Island (specify)

NZ European

Other (specify)

Country of Origin (if not born in NZ).....

Arrival Date

Languages spoken at home other than English

Previous school: Room No

Enrolling for study at Year 9 10 11 12 13

Years of study at secondary school so far:

0 1 2 3 4 5 6 7

School Use Only

Application Date

Acceptance Date

Start Date

- | | |
|--|-----------------------------------|
| <input type="checkbox"/> Birth Cert | <input type="checkbox"/> Passport |
| <input type="checkbox"/> New Enrol | <input type="checkbox"/> Re-Enrol |
| <input type="checkbox"/> ESOL | |
| <input type="checkbox"/> Permanent Resident | |
| <input type="checkbox"/> Guardian Decl. Required | |
| <input type="checkbox"/> Fee-Paying | <input type="checkbox"/> Exchange |

House/Tutor

Reference No

To come:.....

Section 2: Family

Family Information

Personal, family or social circumstances that would assist us in understanding your student

(Use separate sheet if necessary)

Brothers/sisters who have attended or are currently attending Hillmorton High School

Name

House

Year

(1).....

(2).....

Learning Needs

Please indicate any identified learning issues of which the school should be aware.

Please indicate if student has received any of the following:

- Reading Recovery
 - Extension Work
 - Language Assistance
 - Mathematics Assistance.....
 - Other
 - My child has had an independent assessment from
-(Attach a copy)

Interests/Achievements/Involvements

(including special awards, selection, representative teams)

Sport:.....
.....

Music/Cultural:

Cultural:

Community/Other:

Medical Information

It is important that student's medical records are accurate. Please provide details of any medical problem or disability of which the school should be aware, and give details of medication. Please attach any relevant documentation.

Doctor Phone Number

Medical Conditions (allergies, disabilities, special health needs)

Is medication required at school? Yes No

If medication is to be administered at school there are additional forms to be completed on enrolment.

Any physical conditions that may affect learning e.g. hearing loss, need for glasses, motor skills loss etc.

If yes, please explain

Declaration by Parents/Guardians and Student

I will do my best to ensure that(Student's name) complies with the school regulations and acts with commonsense and consideration for others. I declare that the student will be residing permanently at the given address while attending Hillmorton High School, and agree to the payment of course fees.

Signature of Father/Guardian Mother/Guardian.....

I will comply with the school regulations including attendance, uniform and homework and will act with commonsense and consideration for others.

In accordance with the Privacy Act, 1993, I consent to the information in

- Section 1 being available to the Ministry of Education, New Zealand Qualifications Authority and relevant institutions for the advancement of my education, and other agencies where disclosure is required for the maintenance of law and order.
- Section 2 being available within the school for the purpose of improving my performance as a learner and ensuring my personal safety.
- Further, I agree to information regarding my school performance being transferred between educational institutions to which I am transferring or have transferred.

Signature of Student Date

Please ensure that you have attached the following:

- Copy of Birth Certificate
- Copy of Passport status – if born outside of New Zealand

Hillmorton High School Computer and Internet Use Agreement

Hillmorton High School has Internet and E-mail access available for student use and would like this to be an enjoyable, safe and productive exercise for everyone.

Communication with people world-wide and access to online resources will enable students to explore many libraries and databases and give them access to experts. We have taken steps to make internet use as safe as possible and will teach the appropriate skills to access, evaluate and use these resources.

Agreement

I shall not send or display offensive messages or pictures or use obscene language.

I shall respect the school's equipment and resources.

I take full responsibility and liability arising from my use of the Internet.

I shall identify myself in all correspondence and use my first name only.

I shall not discuss my name, address and telephone number or the name, address and telephone number of others without the permission of my teacher.

I shall respect the rights, privacy and property of others. This includes their passwords and files.

I agree not to divulge my password to anyone.

I shall respect copyright and protect the school from infringement of copyright.

I shall not plagiarise the work of others but shall fully acknowledge all material.

I agree not to access unsuitable, offensive or illegal material. This includes any material that is pornographic, racist, sexist, unethical, obscene, sexual or violent in nature.

I am aware my mail, files and Internet use may be checked by staff on occasions and I consent to this.

I understand that inappropriate use of the Internet may result in disciplinary action.

Student Statement

I have read the school policy and agree to abide by the letter and spirit of the policy. I understand that I am a representative of the School and shall always act in the best interest of the school when using the Internet. I shall surf only the area specified by the teacher. If I find myself in unsuitable locations I shall immediately return to Home or inform the teacher. If I fail to do this I understand I may lose the use of the Internet.

Student Signature

Name

Date

Parent Statement

I have read and understood the school policy on the use of the Internet. I give permission for my child to use the Internet for research associated with class work, to publish their own work, to send and receive E-mail, and I accept responsibility for his/her use.

Parent/Caregiver Signature

Name

Date