



# APPLICATION FOR ENROLMENT

## PERSONAL INFORMATION

Student Name: \_\_\_\_\_  
(Family name) (Given name – underline name used)

Date of birth: \_\_\_\_\_ Male  Female   
(Day/Month/Year)

Present school: \_\_\_\_\_ Present year level or class: \_\_\_\_\_

## CONTACTS

Name and address of both parents or caregivers **(please indicate whom the student lives with):**

Name: \_\_\_\_\_ Name: \_\_\_\_\_

Address: \_\_\_\_\_ Address: \_\_\_\_\_

\_\_\_\_\_

Post Code: \_\_\_\_\_ Lives with:  Post Code: \_\_\_\_\_ Lives with:

Phone: (home) \_\_\_\_\_ (work) \_\_\_\_\_ Phone: (home) \_\_\_\_\_ (work) \_\_\_\_\_

Mobile: \_\_\_\_\_ Mobile: \_\_\_\_\_

Email: \_\_\_\_\_ Email: \_\_\_\_\_

Relationship: \_\_\_\_\_ Relationship: \_\_\_\_\_

Current occupation: \_\_\_\_\_ Current occupation: \_\_\_\_\_

Place of work: \_\_\_\_\_ Place of work: \_\_\_\_\_

Name of legal guardian (if different from above): \_\_\_\_\_ Name of legal guardian (if different from above): \_\_\_\_\_

\_\_\_\_\_

Copy of school report required (if not living with)  Copy of school report required (if not living with)

Please indicate if you wish to receive an electronic copy of the school's newsletter  Please indicate if you wish to receive an electronic copy of the school's newsletter

(if you have selected this option, please check you have supplied your email address)

Please list name(s) and addresses of other persons (eg grandparents, close relatives) who could be contacted in case of an emergency or other special need:

Name: \_\_\_\_\_ Name: \_\_\_\_\_

Address: \_\_\_\_\_ Address: \_\_\_\_\_

Phone: (home) \_\_\_\_\_ (work) \_\_\_\_\_ Phone: (home) \_\_\_\_\_ (work) \_\_\_\_\_

Mobile: \_\_\_\_\_ Mobile: \_\_\_\_\_

Relationship: \_\_\_\_\_ Relationship: \_\_\_\_\_

Name(s) of brothers or sisters who are current students:

Name: \_\_\_\_\_ Year of entry: \_\_\_\_\_

Name: \_\_\_\_\_ Year of entry: \_\_\_\_\_

Pupil's position in the family (eg 2 of 3): \_\_\_\_\_





**MEDICAL**

Doctor: \_\_\_\_\_ Telephone: \_\_\_\_\_

Medical problems (if any) need to be noted: \_\_\_\_\_

Please indicate medication taken: \_\_\_\_\_

If any medication is to be held at school and administered by staff, please indicate you have completed the "Administration of Medication" form

**ETHNIC ORIGIN**

Was your child born in New Zealand or overseas? \_\_\_\_\_

A copy of your child's birth certificate should be provided for New Zealand citizens if possible and must be provided for those born overseas some proof of residency must also accompany the application.

Statistical information for Ministry of Education: Ethnic Origin (please tick appropriate ethnic origins of pupils).

- |                                      |                                 |                                  |                                      |                                 |                                       |
|--------------------------------------|---------------------------------|----------------------------------|--------------------------------------|---------------------------------|---------------------------------------|
| <input type="checkbox"/> NZ European | <input type="checkbox"/> Māori  | <input type="checkbox"/> Chinese | <input type="checkbox"/> Cook Island | <input type="checkbox"/> Fijian | <input type="checkbox"/> Other (name) |
| <input type="checkbox"/> Indian      | <input type="checkbox"/> Niuean | <input type="checkbox"/> Samoan  | <input type="checkbox"/> Tokelauan   | <input type="checkbox"/> Tongan | _____                                 |

**(NB: You may tick more than one)**

If English is not the first language spoken at home, please indicate which is: \_\_\_\_\_

If you are Māori and your iwi is known, please state iwi: (1). \_\_\_\_\_

(2). \_\_\_\_\_

**FURTHER INFORMATION**

Any other important information you would like the school to know:  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

I understand that this information will be kept securely and is being collected to allow Kaikorai Valley College to carry out the functions required of it, and that this information may be disclosed to another specified agency only in accordance with Principles 10 and 11 of the Privacy Act 1993.

If this application is accepted, the parent/caregiver and student agree to accept the school's requirements concerning discipline, attendance, uniform and fees. Also I understand that photographs, work produced and other related material may be used from time to time in school publications and for promotional and educational purposes.

Signed: **Student:** \_\_\_\_\_

Signed: **Parent/Caregiver:** \_\_\_\_\_ **Date:** \_\_\_\_\_

This form should be completed and forwarded, along with the 'Cybersafety Use' agreement to:

The Principal  
 Kaikorai Valley College  
 500 Kaikorai Valley Road  
 Dunedin 9010

