



UPPER HUTT COLLEGE

APPLICATION FOR YEAR 10-13 ENROLMENT 2020

STUDENT DETAILS

Legal Family Name: _____ Student mobile: _____
Legal First Names: _____ Siblings currently attending Upper Hutt College:
Preferred Name: _____ Yr Level ____ House ____
Date of Birth: ___/___/___ Gender: Male / Female _____ Yr Level ____ House ____
Address: _____ Siblings previously attended Upper Hutt College:

Post code: _____ Current / previous school: _____

ETHNICITY – please ✓ the appropriate box(es)

New Zealand European Maori – Iwi affiliation: _____
 Pasifika (Please specify): _____ Asian (Please specify): _____
 Other (Please specify): _____ Language spoken at home: _____
New Zealand Citizen: YES / NO **If YES Copy of Birth Certificate enclosed**
If NO, Country of birth: _____ Nationality: _____ Residency Permit: YES / NO
(Please provide Passport to be copied)

PARENTS / CAREGIVERS AT MAIN RESIDENCE

Family Name (Mr/Mrs/Miss/Ms) _____ First Name: _____ Relationship to student: _____
Address: _____ Post Code _____
Phone: Home: _____ Work: _____ Mobile: _____
Email: _____ Occupation: _____ Workplace: _____
.....
Family Name (Mr/Mrs/Miss/Ms) _____ First Name: _____ Relationship to student: _____
Address: _____ Post Code _____
Phone: Home: _____ Work: _____ Mobile: _____
Email: _____ Occupation: _____ Workplace: _____

PARENT / CAREGIVER AT SECONDARY RESIDENCE

Family Name (Mr/Mrs/Miss/Ms) _____ First Name: _____ Relationship to student: _____
Address: _____ Post Code _____
Phone: Home: _____ Work: _____ Mobile: _____
Email: _____ Occupation: _____ Workplace: _____
Is this person to receive: Online access to student portal? YES / NO Copies of school reports, newsletters etc? YES / NO

ADDITIONAL CONTACT (for emergency contact only)

Name: _____ Address: _____

Phone: Home: _____ Mobile: _____ Relationship to student: _____

MEDICAL INFORMATION

Family Doctor: _____ Phone: _____

Are there any medical issues, of which the school should be aware? **YES / NO**
(eg disability, illness, allergy, ADD, ADHD, depression, anxiety, diabetes or other)

If YES, please specify _____

LEARNING INFORMATION

Has the student been involved with any learning support eg RTLB, Teacher Aide? YES / NO

Does the student have any specific learning needs eg Dyslexia, Dyspraxia, Discalculia? YES / NO

If YES, please specify _____

DECLARATION BY PARENT / CAREGIVERS

- I / We confirm that the information given on this application for enrolment, and any other documentation forwarded in the enrolment process, is true and correct and that my son/daughter shall be subject to all rules, regulations and expectations of the College as stated in the Prospectus and Parent Handbook.
- I / We agree to pay the charges of any course with a take-home component or any extra activities not considered part of the normal general education as outlined in school information.
- I / We agree to photographs / video images of my son/daughter engaging in school activities being used on the school website and/or for promotional material.
- I / We agree that, contact details may be passed onto the Ministry of Social Development via the Ministry of Education so that young people who may have difficulties finding future employment, training or further education can be identified and offered support by organisations contracted by MSD to help re-engage young people in education or training when they leave school.

The Privacy Act requirements regarding personal information will be adhered to by the College. Personal information is requested to meet the educational, health, safety and communication needs of the College and its pupils. I am aware of the rights of access to, and correction of this information and I understand that the information that I have provided will be held at Upper Hutt College, Moonshine Road, Upper Hutt.

Full Name: _____ Signed: _____
Caregiver 1 (Relationship to Student)Full Name: _____ Signed: _____
Caregiver 2 (Relationship to Student)

Student signed: _____ Date: _____

SCHOOL USE ONLYEnrolment Number: _____ Date Received: _____ Previous school records rec'd Enrolled by: _____ Date: _____ Account Details entered

Date of Entry: _____ Year Level: _____ Form Class: _____