UPPER HUTT COLLEGE

APPLICATION FOR YEAR 10-13 ENROLMENT 2021

STUDENT DETAILS

Legal Family Name: _____

Legal First Names: _____

Preferred Name: _____

Date of Birth: ___/____/___   Gender: Male / Female

Address: _____

_____

_____ Post code: _____

Student mobile: _____

Siblings currently attending Upper Hutt College:

_____Yr Level _____ House _____

_____Yr Level _____ House _____

Siblings previously attended Upper Hutt College:

_____

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**
(e.g. disability, illness, allergy, ADD, ADHD, depression, anxiety, diabetes or other)

If YES, please specify _____

_____

_____

LEARNING INFORMATION

Does the student have a device they can bring to school to assist their learning eg chromebook, laptop, ipad?   **YES / NO**

Has the student been involved with any learning support e.g. RTLB, Teacher Aide?   **YES / NO**

Does the student have any specific learning needs e.g. 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 on the Website.
- 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 students. 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 ONLY

Enrolment Number: _____   Date Received: _____   Previous school records rec'd   ☐

Enrolled by: _____   Date: _____   Account Details entered   ☐

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