



# UPPER HUTT COLLEGE

## APPLICATION FOR YEAR 9 ENROLMENT 2021

### 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**  
(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: \_\_\_\_\_