



PUKEKOHE HIGH SCHOOL

Enrolment Application and Declaration

PHS USE ONLY

Interview Date _____ / _____ / _____

Year level for Study at Enrolment _____

Enrolment No _____

Whare _____

Whaanau Roopuu _____

Start Date _____

SECTION 1

STUDENT INFORMATION Please PRINT clearly and neatly

Family Name _____ First Names _____ Preferred Name _____

Legal Name _____ BC No _____ Regular student / Other _____

Gender (please circle) Female Male Prefer to self describe _____ Date of Birth ____ / ____ / ____

Student's Physical Address _____ Postal Address (if different from physical address) _____

Street & Number _____

Suburb _____ Postcode _____ Suburb _____ Postcode _____

Home Phone (____) _____ Student's Mobile _____

Student's Email Address: _____

Nationality _____ Place of Birth _____ First Language _____

Ethnicity 1) _____ Ethnicity 2) _____ Iwi 1) _____ Iwi 2) _____

CITIZENSHIP INFORMATION

Visa Type (circle one) Residency visa, Visa domestic, Visa with conditions of study, Limited purpose permit.

Passport No: _____ Date of Entry to NZ ____ / ____ / ____ Visa Serial No. _____ Visa Expiry ____ / ____ / ____

SECTION 2

PARENT/CAREGIVER INFORMATION Please note – custody arrangements can be detailed in Section 5C

2A PARENT/CAREGIVER 1 (living at same physical address as provided in Section 1) *To receive school communications please tick this box*
(This includes accounts, reports & attendance alerts)

Mr/Mrs/Ms/Ms/Other Family Name _____ First Names _____ Relationship to student (please circle)

Mother Father Step-Parent Grandparent Legal Guardian Caregiver Other: _____

Mobile Phone _____ Work Phone _____ Occupation _____

Email address _____

2B PARENT/CAREGIVER 2 (living at same physical address as provided in Section 1) *To receive school communications please tick this box*
(This includes accounts, reports & attendance alerts)

Mr/Mrs/Ms/Ms/Other Family Name _____ First Names _____ Relationship to student (please circle)

Mother Father Step-Parent Grandparent Legal Guardian Caregiver Other: _____

Mobile Phone _____ Work Phone _____ Occupation _____

Email address _____

2C PARENT/CAREGIVER 3 (NOT living at same physical address as provided in Section 1) *To receive school communications please tick this box*
(This includes accounts, reports & attendance alerts)

Mr/Mrs/Ms/Ms/Other Family Name _____ First Names _____ Relationship to student (please circle)

Mother Father Step-Parent Grandparent Legal Guardian Caregiver Other: _____

Physical Address _____ Mobile Phone _____ Occupation _____

_____ Email _____ Work/Home Phone _____

2D PARENT/CAREGIVER 4 (NOT living at same physical address as provided in Section 1) *To receive school communications please tick this box*
(This includes accounts, reports & attendance alerts)

Mr/Mrs/Ms/Ms/Other Family Name _____ First Names _____ Relationship to student (please circle)

Mother Father Step-Parent Grandparent Legal Guardian Caregiver Other: _____

Physical Address _____ Mobile Phone _____ Occupation _____

_____ Email _____ Work/Home Phone _____

2E EMERGENCY CONTACT (NOT living at same physical address as provided in Section 1)

Mr/Mrs/Ms/Ms/Other **Family Name** _____ **First Names** _____
Relationship to student (please circle) **Mother** **Father** **Step-Parent** **Grandparent**
Legal Guardian **Caregiver** **Other:** _____
Physical Address _____
Postcode _____ **Mobile Phone** _____ **Work Phone** _____

2F PARENT/CAREGIVER DECLARATION (must be completed)

- The student will be living with their parent(s) the address above **Yes** **No**
- I have lived at this address for more than a year **Yes** **No**
- If NO to Question 2: my previous address is: _____

- The student attended Kura Kaupapa/Rumaki **Yes** **No**
- The application is for an In Zone enrolment **Yes** **No**
- The application is for an Out of Zone enrolment** **Yes** **No**
- The Out of Zone application qualifies because the enrolling student has a sibling currently attending Pukekohe High School **Yes** **No**

Signed (person enrolling student) _____

PHS CHECK LIST

Person enrolling to complete

- Birth Certificate - copy attached
- Proof of address - copy attached
- Residency Status – copies of passport pages for student as listed, attached.
 - Students Visa
 - Visa Expiry date
 - Personal detail page
 - Date of Entry to NZ stamp
- Declaration fully completed.

In Zone Enrolment Accepted

On ___ / ___ / ___

By _____

Out of Zone Enrolment Received

On ___ / ___ / ___

By _____

(Out of Zone acceptance confirmed _____)

Database Manager to complete

Entered on Computer

On ___ / ___ / ___

By _____

Date of Leaving ___ / ___ / ___

SECTION 3

3A STUDENT'S COURSE at Pukekohe High School

NSN Number (if known): _____

Students will study all areas of the New Zealand Curriculum. This will include compulsory and optional subjects.

Year 9 Enrolment for Following Year:

An online subject selection link will be emailed before the end of the year for students to choose their options (a valid email address must be provided).

Year 9 Enrolment for Current Year:

Subject selection will be completed during the enrolment interview.

For students starting during the school year, what subjects are you currently studying?

Year 10 / 11 / 12 / 13 (circle level) [Attach separate completed course sheet]

Please provide most recent NCEA results

All year levels - please provide a recent school report

3C BROTHERS/SISTERS at PHS

Name(s) and their current details	Verified enrolled
_____ Yr and WR _____	_____ <input type="checkbox"/>
_____ Yr and WR _____	_____ <input type="checkbox"/>
_____ Yr and WR _____	_____ <input type="checkbox"/>

3B PREVIOUS SCHOOL INFORMATION

Current School _____

Year / Room _____ Dean / Teacher name _____

Year 6 School (if different from current school)

First School in New Zealand (if different from current school)

What language has previous learning been in? _____

3D INTERESTS AND ACHIEVEMENTS

Sports _____

Drama / Music _____

Instrument _____ Years _____

Cultural/Other _____

3E ENGLISH AS A SECOND LANGUAGE

What language was used during school lessons? _____

Other than English, what is the language spoken at home?

Has your student arrived in New Zealand in the last FIVE years? **Yes / No**

Has your student ever received ESOL assistance **Yes / No**

Is there anything else we should know about?

SECTION 4

HEALTH INFORMATION

This information will be used by the nurses and only shared with others who need to know, for example, the Ambulance Service, Emergency Department or Public Health Nurses. If this information is to be passed on you will be notified as soon as possible.

If you are unsure about any of the questions or would like to discuss any of the following, please phone our Registered School Nurses, on 09 237 0195 DDI / 09 237 0117 ext 212.

4A Student's Name: _____ Date of Birth: _____

NHI Number (if known): _____ Year Level: _____

Name of person filling out this form:

Name: _____ Relationship to student: _____

4B DOCTOR / DENTIST

Which **doctor / clinic** does the student go to?

_____ Ph: _____

Which **dentist** does the student go to?

_____ Ph: _____

4C HEARING / VISION / SPEECH

Please describe any difficulty your student has with any of the following:

Hearing	Vision	Speech

4D MEDICAL CONDITIONS

Medical Condition	Please circle		Comment
Asthma (trouble breathing) Do they have an inhaler? Do they have an Asthma Action Plan?	Yes Yes	No No	If yes, what is the name of the medicine they take?
Cardiac / Heart Problems Do they take medicines?	Yes	No	If yes, what is the name of the medicine they take?
Diabetes (sugar in the blood) Do they take any medicines or injections?	Yes	No	If yes, what is the name of the medicine they take?
Epilepsy (fits or seizures) Do they take any medicines?	Yes	No	If yes, what is the name of the medicine they take?
Migraines Do they take medicines?	Yes	No	If yes, what is the name of the medicine they take?
Rheumatic Fever Do they take medicines or injections?	Yes	No	If yes, what is the name of the medicine they take?
Are there any other medicines that you haven't already mentioned?	Yes	No	If yes, what is the name of the medicine they take?
Is there anything else you think we should know about?			

4E ALLERGIES

Allergic reaction:	Please circle				What happens to them?
Nuts	Severe	Moderate	Mild	No	
Bees	Severe	Moderate	Mild	No	
Medicines	Severe	Moderate	Mild	No	
Other	Severe	Moderate	Mild	No	
Have they ever been told that they require an epipen ?	Yes		No		If yes, have you supplied the school with the appropriate medication that may be required? YES / NO

NOTE

In case of a serious illness or accident students will be taken to a doctor for care. An ambulance may be called if necessary. Please ensure that the school has your most current contact details so that a parent/guardian may be called.

If you would like to discuss any of the following please call our Registered School Nurses 09 237 0195.

4F PERMISSION FOR GIVING MEDICATION AT SCHOOL

Sometimes it may be necessary for the nurse to consider giving students medication at school.

Medicine	Please circle		I give permission for the School Nurse to give: _____ (student's name) this medicine if they have examined them and believe that it would help. Parent/Guardian Signature: _____ Please print your name: _____
Paracetamol (eg: Panadol)	Yes	No	
Ibuprofen (eg: Nurofen)	Yes	No	
Antihistamine	Yes	No	

4G VACCINATION DETAILS

Is the student vaccinated for measles?

YES NO

If YES, date? ____/____/____

Is the student vaccinated for tetanus?

YES NO

If YES, date? ____/____/____

If over 16 years, is the student vaccinated for Covid-19?

YES NO

If YES, date? ____/____/____

5A LEARNING SUPPORT:

(Identified learning difficulties eg: dyslexia, recent RTLB, reading recovery, ORS funding, SAC funding etc)

Does your student have assistive technology? YES / NO

5B PASTORAL INFORMATION:

(Is there anything you think we should know to assist you in joining our school? Are there custody arrangements that you would like to describe?)

5C ONLINE ACCESS INFORMATION

Student has access to a device to bring to school. Please circle.

Device YES or NO

5D STUDENT ACCESS INFORMATION

(Access to student/s denied)

Custody/Court Order Provided

Details:

PARENT/CAREGIVER CHECKLIST**Documents needed to complete enrolment:**

- Fully completed enrolment card
- Birth certificate for your student
- Proof of your address (electricity or phone account)
- Digital user policy for student
- Digital user policy for parent/caregiver
- Subject selection for Year 10, 11, 12 & 13 students
- Recent previous school report
- NCEA results for Year 11, 12 & 13 students
- If not born in NZ – valid visa information for student and parents

5E THE PRIVACY ACT 2020 - To CONSENT place a tick in each box, to REFUSE place a cross in each box.

In compliance with the Privacy Act of 2020 Pukekohe High School requires consent from the student and parents / caregivers to publish the name, photographs or work (including video / audio) of the student in any publication from the school, including the school's website and social media sites, should the need arise.

school newsletters school website, Facebook and Instagram press releases any school publications

The information on this card will be used for school purposes only under the terms of the Privacy Act but the Act also allows for government agencies to request student information from the school.

Student

DECLARATION - STUDENT

I agree to follow the school's requirements as set out in the Student and Whanau Handbook found at www.pukekohehigh.school.nz and other documents, particularly regarding uniform, attendance, computer use and behaviour.

Student

Date

DECLARATION – PARENT/CAREGIVER

We do honestly and sincerely declare that to the best of our knowledge and belief, all of the information given on this form is entirely true and correct. We agree that the school may contact us by email or mobile phone message. We accept and agree to the school's requirements for uniform, attendance, computer use and behaviour. We acknowledge our responsibility for the behaviour of our student and our obligation to the school, including the payment of subject and other fees.

Mother / Guardian

Father / Guardian

Other Caregiver

Date