



APPLICATION FOR ENROLMENT

PERSONAL INFORMATION

Student Name: _____ (Family name) _____ (Given name – underline name used)

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

Present school: _____ Present year level or class: _____

CONTACTS

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

Name: _____	Name: _____
Address: _____	Address: _____
_____	_____
_____	_____
Post Code: _____ Lives with: <input type="checkbox"/>	Post Code: _____ Lives with: <input type="checkbox"/>
Phone: (home) _____ (work) _____	Phone: (home) _____ (work) _____
Mobile: _____	Mobile: _____
Email: _____	Email: _____
Relationship to Student: _____	Relationship to Student: _____
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) <input type="checkbox"/>	Copy of school report required (if not living with) <input type="checkbox"/>
Please indicate if you wish to receive an electronic copy of the school's newsletter <input type="checkbox"/>	Please indicate if you wish to receive an electronic copy of the school's newsletter <input type="checkbox"/>
<small>(if you have selected this option, please check you have supplied your email address)</small>	

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 to Student: _____	Relationship to Student: _____
Name(s) of brothers or sisters who are current students:	
Name: _____	Year of entry: _____
Name: _____	Year of entry: _____
Student'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 student).

- NZ/European Māori Chinese Cook Island Fijian Other (name)
- Indian Niuean Samoan Tokelauan 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.

Payment of Fees: Fees may be paid upon invoice or by regular automatic payment. Please contact the Student Office if you wish to set up automatic payment. The fees paid for your child’s education are important for the on-going progress of the school. We would appreciate you informing us if you will have difficulty paying school fees and arrangements should be made to have regular automatic payments paid into the school bank account. Unpaid accounts may be placed into the hands of our debt collection agent and will incur debt collection costs. Contact details on this form are required by law to be forwarded to the Ministry of Social Development. This is so at risk young people can be identified and offered support by organisations contracted to help re-engage young people in education or training when they leave school. The information will not be used for any other purpose.

Signed: **Student:** _____

Signed: **Parent/Caregiver:** _____ **Date:** _____

This form should be completed and forwarded, along with the Cybersafety Use and Cellphone and Digital Music Player agreements, and a certified copy of your child’s birth certificate to:

**The Principal
Kaikorai Valley College
500 Kaikorai Valley Road
Bradford, Dunedin 9011**