ENROLMENT FORM

Mountainview High School

YEAR:

If born outside of New Zealand please supply – Visa/Passport/or citizenship documentation Yes/No DATE OF BIRTH:
HOME PHONE NO:
COUNTRY OF BIRTH:
If born outside of New Zealand please supply – Visa/Passport/or citizenship documentation Yes/No DATE OF BIRTH: Birth Certificate copy herewith: Yes / No ETHNICITY: NZ European NZ Maori Other Iwi:District: MOTHER/CAREGIVER: Name: Mrs/Ms/Miss First names Surname Address: Email: Home Phone No: Cell No: Vorkplace: Cell No: Daytime Contact C FATHER /CAREGIVER: Name: First names Surname
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ETHNICITY: NZ European NZ Maori Other
Iwi:District: MOTHER/CAREGIVER: Name: Mrs/Mss/Miss First names Surname Address: Email: Home Phone No: Occupation: Cell No: Workplace: Workplace: Workplace: Daytime Contact □ FATHER /CAREGIVER: Name: First names Surname
MOTHER/CAREGIVER: Name: Mrs/Ms/Miss First names Surname Address: Email: Email: Home Phone No: Cell No: Occupation: Cell No: Workplace: Workplace: Work Phone No: Daytime Contact FATHER /CAREGIVER: Name: First names Surname
Name: Mrs/Ms/Miss First names Surname Address:
First names Surname Address:
Address: Email: Email: Mome Phone No: Occupation: Cell No: Workplace: Work Phone No: Daytime Contact FATHER /CAREGIVER: Name: First names Surname
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FATHER /CAREGIVER: Daytime Contact □ Name:
FATHER /CAREGIVER: . Name:
First names Surname
Email: Home Phone No:
Occupation: Cell No:
Workplace:Work Phone No:
Daytime Contact 🗆
Student lives with: Parents Mother Father Caregiver or Specify
Emergency Contact Person:Phone No
Relative/neighbour/friend Does the student have brothers or sisters currently (or past) at Mountainview?
NameYear Group:
Name Year Group:
Current or last school attended:

Will you travel to school by country bus? Yes / No			
MEDICAL:			
Family Doctor:	Dr's Phone No.:		
Health Problem:	mild \Box moderate \Box severe \Box		
Any other special information which the school should be aware of: (eg home circumstances)			
Reasons for enrolment at Mountainview:			
(1)			
(2)			
CULTURAL INTERESTS:			
Music:			
Drama:			
SPORTING INTERESTS:			
OTHER INTERESTS & ACHIEVEMENTS: (inc			

ENROLMENT DECLARATION

I undertake to comply with the school regulations as set out in the Prospectus, together with any further regulations as decided and advertised by the school Board of Trustees.

The school donation is to offset costs for activities outside delivery of the curriculum, \$120 for one student, \$160 for two or more from the same family. This donation is tax deductible.

Other charges are to cover costs over and above the basic requirements to deliver the curriculum. These costs include items like take home consumables which we can order on behalf of your child (*write on notes*), field trips, camps, sports teams. Subject costs are advertised in "Future View" and by enrolling in a given subject an agreement has been struck to pay the designated charges.

We/I give permission for the information on this enrolment form to be used for educational and health purposes.

Signed:		(Student)
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Signed: ______ (Parent/Caregiver) Date: ______