



Mission Heights Junior College Application for Enrolment.

This form is to be completed by the parents or caregivers of the student applying for enrolment and must be returned to the Mission Heights Junior College reception together with the student's full Birth Certificate and/or verification of NZ Residency/Citizenship (students passport) and evidence of permanent residence (**Current Electricity Bill and Tenancy Agreement or Sales & Purchase Agreement**).

Student Details

Surname Legal:	First Name Legal:	Middle Name:	Preferred Name (will show on all reports)
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Gender:	Date of Birth:	Ethnicity:	Year Level Enrolling in:
First Language:	First Attendance:	Maori Students Please give Iwi:	Current School:
Students Country of Birth:	Date Arrived in New Zealand:	Years Spent at NZ School:	Siblings at MHJC:

Is the Student currently under suspension or excluded/expelled from another school? **Yes/ No**

Caregiver Information

Home Phone Number:	Full Name of Parents or Caregivers:
Email Address for correspondence (including Newsletters and Accounts):	
Physical Address:	Postal Address:

The following information will remain confidential within the school. Please inform us of anything that the school should be aware of for the well being of this student.

Is there a legal custody parenting order in place (or other confidential family information) Yes/ No please provide paper work.

Family Information (Appears on all siblings records.)

Student Information (Appears on Individual record.)

The Education Act gives the right to vote in Board of Trustees elections to both natural parents. Immediate caregivers with whom the student is resident are also eligible to vote. We therefore ask, firstly, for the names, address and contact telephone numbers of the adults with whom the student lives and, secondly, Details of the students natural parent(s) in case where this differs. We also ask for a phone contact to use in emergency if parents are unavailable.

Parent/ Caregiver details:

Mother:	Details:	Father:	Details:
First Name:		First Name:	
Surname:		Surname:	
Living with Student? Yes / No		Living with Student? Yes / No	
Address:		Address:	
Legal Access to student? Yes / No		Legal Access to student? Yes / No	
Home Phone Number:		Home Phone Number:	
Work Phone Number:		Work Phone Number:	
Mobile Phone Number:		Mobile Phone Number:	
Email Address:		Email Address:	
Secondary Caregivers:	Details:	Secondary Caregivers:	Details:
First Name:		First Name:	
Surname:		Surname:	
Living with Student? Yes / No		Living with Student? Yes / No	
Address:		Address:	
Legal Access to student? Yes / No (Please Circle)	Relationship to student:	Legal Access to student? Yes / No (Please Circle)	Relationship to student:
Home Phone Number:		Home Phone Number:	
Work Phone Number:		Work Phone Number:	
Mobile Phone Number:		Mobile Phone Number:	
Email Address:		Email Address:	

Emergency Contact Details: (If we are unable to reach you)			
Name:		Relationship to student:	
Phone:			

Health Information

Family Doctor/ Medical Centre:		Phone Number:	
Doctors Name:			

Health Questions:	Yes / No <small>Please circle one</small>	Further Information:
Does your child have any medical condition or treatment that the school should be aware of? Asthma, Diabetes, Other	Yes / No	
Does your child have any allergies that the school should be aware of?	Yes / No	
Is there any reason why this student should not take part in games or sport?	Yes / No	
Do you authorise the school office/ Nurse too seek medical assistance in the case of accident or emergency?	Yes / No	
Do you authorise the school office/Nurse to provide medication if required, e.g. 1 X Panadol Tablet.	Yes / No	
I understand that it is an expectation for all Year 7 students to attend a Year 7 Camp in term 1	Yes / No	

Special Learning Needs
Where applicable please complete this section to assist us in meeting your child's learning needs.

My child attended **ESOL** classes at his/her previous school. Yes/No

Special Needs: e.g. Reading recovery, Special Learning Assistance received. Please provide details.

GATE (Gifted and Talented): including sports, academic, cultural. Please provide details.

Declaration:

I/we have read the Mission Heights Junior College Prospectus and agree to abide by the following conditions of attendance.

Rules The wearing of the official school uniform by every student. Compliance with the school rules and standards of discipline by every student. Compliance with the rules of attendance by every student. Parents must seek permission from the Principal, in advance for any absence other than illness.

Parents Initials:

Privacy Act I/we agree to the school collecting appropriate educational information regarding this student. I/ we agree that all information relating to this student can be used for school purposes.

Parents Initials:

Education outside the classroom I/we give permission for this student to participate in all LOW RISK EOTC activities by Mission Heights Junior College. Detailed information will be sent home for higher risk activities. Low risk activities include those where students are not traveling in a vehicle.

Parents Initials:

Appointments If the student must attend appointments such as dental, doctor or counseling during school hours, the school will not be liable for the student while they are out of the school to attend any appointment arranged by any member of the family or the school at the request of any member of the family.

Parents Initials:

Acceptable use of ICT We have read the Cybersafety Acceptable Use Policy. We understand the policy and agree to abide by it.

Parents Initials:

I have read and agree to all of the above expectations.

Parents Signature:

Students Signature:

Checklist: Have you attached the following documents?

- Supporting evidence for a permanent in zone address, this must be a **current Electricity Bill and Tenancy Agreement or Sales & Purchase Agreement** in the parents name's.
- Copy of the students Birth Certificate.
- Copy of the students Passport, and if they are not born in New Zealand please provide a copy of the residency visa.

I/ we confirm that all the information provided on this application is correct.

Signed:

Date: