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INT
ESOL
SENCO
GATE

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 MHJC Reception. **Only completed applications with the enclosed documents below will be accepted. All incomplete forms will be returned to you for completion.**

Zoning

In Zone
Out of Zone

Assigned Class

Option Subjects

Student Details:

Legal Surname:		Legal First Name :		Middle Name:		Preferred Name: <i>(will show on all reports)</i>	
Gender:	M F	Date of Birth:	/ /	Ethnicity / Cultural Identity:		Year Level Enrolling in:	
Is English your first language? If not, indicate language spoken.		Intended Start Date :		Māori Students Please State Iwi:		School: (entry here denotes permission to contact school for transition purposes)	
Yes / No							
Student's Country of Birth:		Date Arrived in New Zealand:		Years Spent at NZ School:		Siblings at MHJC:	
Non NZ Resident / Citizen?		Visa Status		NSN Number		COVID Immunisation Status	
Yes / No		Citizen / Resident / Student Visa				None / 1st / 2nd / Not Declaring	
Is the student currently under suspension or has been excluded/expelled from another school? Yes / No							
Physical Address:				Postal Address: (If different from physical address)			

Sensitive information: The following information will remain confidential within the school. Please inform us of anything that the school should be aware of for the wellbeing of this student e.g. Who may have access to the student while at school, where reports should be sent, who is responsible for fees.

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

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 student's 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:

Primary Caregivers	Details	Primary Caregivers	Details
First Name:		First Name:	
Surname:		Surname:	
Living with student : Yes / No Relationship to student :		Living with student : Yes / No Relationship to student :	
Occupation:		Occupation:	
Address:		Address:	
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 Relationship to student :		Living with student : Yes / No Relationship to student :	
Address:		Address:	
Preferred Phone Number:		Preferred Phone Number:	
Email Address:		Email Address:	

Emergency Contact Details: <i>For use if we are unable to reach you</i>			
First Name:		Home Phone Number:	
Surname:		Work Phone Number:	
Relationship to Student:		Mobile Phone Number:	

Health Information:

Family Doctor / Medical Centre:		Doctor's Name:
Phone Number:		

Health Questions:	Yes / No Please circle one	Further Information: (NB: An inhaler to be kept in school bag at all times if applicable)
Does your child have any medical conditions, allergies or treatments that the school should be aware of? Asthma, Diabetes, etc?	Yes / No	If asthmatic, do you keep your inhaler with you at all times? Yes / No
Is your child immunised? Please provide a copy of the immunisation certificate/s.	Yes / No	
Is there any reason why this student should not take part in games or sport?	Yes / No	
Do you authorise the responsible Staff member to seek medical assistance in the case of accident or emergency both locally and abroad?	Yes / No	
Do you authorise the responsible staff member to provide medication if required, e.g. 1 X Panadol Tablet.	Yes / No	

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

- My child attended **English Speakers of Other Languages (ESOL)** classes at his/her previous school. **Yes / No**
- **Special Needs:** e.g. Reading recovery, Special Learning Assistance received. Please provide details below... **Yes / No**
- **GATE (Gifted and Talented Education):** Including sports, academic, cultural and leadership. Please provide details below... **Yes / No**

Declaration:

I/we have read the Mission Heights Junior College Prospectus and Community Conduct Expectations and agree to abide by the following conditions of enrolment regarding:

- The wearing of the official school uniform
- The attendance of my child at Year 7 camp
- Compliance with the school expectations regarding behaviour for parents and students
- Compliance with the rules of attendance by every student. The Ministry of Education does not approve of students going **overseas** on holiday during term time. In exceptional circumstances the principal may justify a student's absence, if a request is made in advance.

Parent's Initials: _____

Privacy Act:

• I/we agree to the school collecting and using appropriate educational information and data regarding this student. That information and achievements relating to this student can be used for school promotional purposes.

Parent's Initials: _____

Education Outside the Classroom:

• I/we give permission for this student to participate in all Low Risk EOTC activities at Mission Heights Junior College. Detailed information will be sent home for higher risk and overnight activities. Low risk activities include those where students are not traveling in a vehicle to local destinations eg. cross country, Tāne Bush, Barry Curtis Park, Buddhist Temple.

Parent's Initials: _____

Appointments:

• If the student must attend appointments outside the school during school hours, such as dentist, doctor or counselling, the school must be notified by the parent and the school will not be legally responsible for the student while they are out of school to attend the appointment.

Parent's Initials: _____

Acceptable use of ICT:

• We have read, understand and agree to acceptable use of ICT at MHJC.

Parent's Initials: _____ **Student's initials** _____

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

Parent's Signature: _____

Student's 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 names. A **Statutory Declaration Form** is required if sharing accommodation.
- Copy of the student's Birth Certificate and copy of student Passport. if they are not born in New Zealand please provide a copy of the residency visa or student visa. Include parent visas.
- School report if your previous school was not BOS or MHP
- Signed copy of parent cybersafety agreement.
- Immunisation certificate

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

Signed: _____

Date: _____