



Heretaunga College

Learning today... Leading tomorrow

APPLICATION FOR ENROLMENT

Out of Zone Applications for Year 9 **2021** will **NOT** be accepted after **27th July 2020**
Out of Zone Applications for Years 10, 11, 12 & 13 **2021** will **NOT** be accepted after **15th October 2020**

DATE:			ENTRY YEAR LEVEL:		
NAME OF STUDENT: (Full Legal Name) <i>(Please provide a copy of either Birth Certificate or Passport)</i>					
(Preferred Name)			(Preferred Surname)		
HOME ADDRESS: <i>(Please provide Proof of Address Evidence)</i>					
DATE OF BIRTH:			GENDER: Male / Female		
NZ CITIZEN: YES / NO → COUNTRY OF BIRTH: NATIONALITY: RESIDENCY PERMIT: YES / NO <i>(Please provide Passport to be copied)</i>					
ETHNICITY: NZ EUROPEAN / MAORI / SAMOAN / OTHER PACIFIC / ASIAN / OTHER Please state:					
IWI AFFILIATION/S:					
PREVIOUS SCHOOL:			CURRENT YEAR LEVEL:		
CURRENT Siblings at Heretaunga College			<i>(Name & Year Level)</i>		
FORMER Siblings at Heretaunga College			<i>(Name & Years Attended)</i>		
PARENT attended Heretaunga College			<i>(Name & Years Attended)</i>		

PARENTS/CAREGIVERS AT STUDENTS MAIN RESIDENCE (WHO THE CHILD LIVES WITH):

Mr / Mrs / Ms / Miss			Mr / Mrs / Ms / Miss		
Surname:			Surname:		
First Name:			First Name:		
Relationship:			Relationship:		
Address:			Address:		
Home Phone	Mobile Phone	Work Phone	Home Phone	Mobile Phone	Work Phone
Email:			Email:		
Work Place:		Occupation:	Work Place:		Occupation:

PARENTS/CAREGIVERS AT STUDENTS SECONDARY RESIDENCE (IF APPLICABLE):

Mr / Mrs / Ms / Miss			Mr / Mrs / Ms / Miss		
Surname:			Surname:		
First Name:			First Name:		
Relationship:			Relationship:		
Address:			Address:		
Home Phone	Mobile Phone	Work Phone	Home Phone	Mobile Phone	Work Phone
Email:			Email:		
Work Place:		Occupation:	Work Place:		Occupation:
Online access to Student Portal YES / NO			Is this person to receive accounts? YES / NO		
Living with student YES / NO		Access to Student YES / NO		Shared Care YES / NO	

Are there any family circumstances, which could affect the progress of the student? **YES / NO**
If yes please give details (please use separate sheet if necessary)

Please advise us of any person who is legally NOT permitted access to your child. **YES / NO**

EMERGENCY CONTACT: *(in the event of an emergency, if we can't contact you who should we contact)*

NAME _____ RELATIONSHIP _____

ADDRESS _____

PHONE (Home) _____ (Business) _____ (Mobile) _____

MEDICAL: Doctor: _____ Phone: _____ MEDICAL INFORMATION:	Dentist: _____ Phone: _____
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MEDICATION:

Does your child have to take medication during the school day? **YES / NO**

If yes, please advise what the medication is for and any other details:

All prescribed medication is to be stored in the school office and staff will administer to your child.

LEARNING SUPPORT: Is your child ORS funded? **YES / NO**

Has your child had any SENCO/Learning Support/RTLB (if so, please give details): _____

CIVIL DEFENCE EMERGENCY INFORMATION:

Parents/Caregivers working in Wellington or any other areas – in case of an emergency, would this prevent you from coming to school to collect your child? **YES / NO**

If you were prevented from, coming to school who else could pick your child up?

Name: _____ Contact Number: _____

Are there other parents of students here at school that your child could leave with?

If we deemed it safe, could we release your child to go home alone? **YES / NO**

Does your child have siblings to pick up from another school/institution? **YES / NO**

If so, what are their names and what school/institution do they attend?

Does your family have an emergency plan? **YES / NO**

If so, where is your family's meeting point: _____

ZONING DECLARATION:

The address given at the time of application for enrolment must be the student's usual place of residence when the school is open for instruction. This means that if you currently live at an in-zone address but move to an out-of-zone address before your child's first day of attendance at the school, your child will not be entitled to enrol at the school.

The Ministry of Education has advised that parents/caregivers should be warned of the possible consequences of deliberately attempting to gain enrolment by knowingly giving a false address or making an in-zone living arrangement that they intend to be only temporary eg.

- renting accommodation in zone on a short-term basis;
- arranging temporary board in zone with a relative or family friend;
- using the in zone address of a relative or friend as an 'address of convenience', with no intention to live there on an on-going basis.

Before enrolment takes place (ie, before attendance begins), if the board has reasonable grounds for believing that the given in-zone address will not be a genuine, ongoing living arrangement, the board may withdraw any offer of place it might have made on the basis of the given address.

After attendance has begun, if the school learns that a student is no longer living at the in-zone address given at the time of application for enrolment and has reasonable grounds to believe that a temporary in-zone residence has been used for the purpose of gaining priority in enrolment at the school, then the Board may review the enrolment. Unless the parents/caregivers can give satisfactory explanation within 10 days, the Board may annul the enrolment. This course of action is provided for under Section 110(1A) of the Education Act 1989.

I can confirm that the address I have provided to the school in this enrolment form will be the usual place of residence of _____ (*student name*) when the school is open for instruction. I will advise the school of any subsequent change of address.

Signed: _____ Date: _____

PROOF OF ADDRESS: We will only accept the following evidence of residence in zone:

- A recent (less than two months old) **electricity bill** for an in-zone property indicating residents of a least one month in the name(s) of the Parent or Legal Guardian of the applicant, OR
- A recent **Upper Hutt City Council Rates Notice** OR a completed **Tenancy Agreement** and Bond Lodgement Form for an in-zone property in the name(s) of the Parent or Legal Guardian of the applicant PLUS a recent utility bill, such as a telephone landline or home and contents insurance policy, in the name(s) of the Parent or Legal Guardian of the applicant.

PLEASE NOTE: The Board may request further documentation at any time. Applications will only be processed once all documentation is received. The School may actively collect information and make all enquiries necessary in its opinion to ensure that enrolment details contained in this application are accurate.

SUBJECTS: (Please circle your preference)

Year 9 – Language	JAPANESE	MAORI	GERMAN
Year 10 – Options All students study English, Mathematics, Science, Social Studies, Physical Education & Health. Please choose a further 3 Option Subjects.	ART DIGITAL TECHNOLOGY FOOD TECHNOLOGY HARD MATERIALS LEARNING SUPPORT	COMMERCE DRAMA GERMAN HORTICULTURE MAORI	DESIGN FASHION & TEXTILES GLOBAL COMMUNITY JAPANESE MUSIC
Year 11, 12 & 13 (Please outline your current/previous subjects)			

DECLARATION BY PARENT(S) AND STUDENT

I hereby agree to wear the prescribed Heretaunga College Uniform to and from school, in school time, and when attending functions associated with the College outside of school hours.

I hereby declare that the information supplied to the School is true and correct

I agree and undertake to pay such sums levied by the Board as legitimate fees for take home expenses or extra activities not considered part of a normal general education as outlined in school information.

I will undertake to see that my child complies with the schools expectations and PRIDE values of the College.

I understand that the information hereby given will be used to help with class placement and home and medical contact when necessary. The information will be held by Heretaunga College for the duration of my child's attendance and shall not be released to any other party without permission. However, I understand my contact details may be passed onto the Ministry of Education, the Ministry of Social Development or their agencies and Tertiary Providers. This is so young people can be assisted in finding future employment, training or further education.

I agree for my child to receive free dental care by Capital Dental using their onsite dental clinic. I agree for my contact details to be passed on to Capital Dental.

I agree to photographs/video images of my child being used on the school website and for promotional material.

SIGNATURE OF FATHER/GUARDIAN**SIGNATURE OF MOTHER/GUARDIAN**

I will comply with the rules of the school and will act with common sense and consideration for others.

SIGNATURE OF STUDENT _____**DATE** _____**OFFICE USE ONLY:**

All Students	Interviewed	Year Level	Enrol	Kamar	Start Date	Address Verified
Student Born outside NZ	Passport Number	Visa Details	FF Paying	Exchange	Regular Student	International Office
Zoning	In / Out	Current / Past Sibling	Parents Attended	BOT	Ballot	Letter Sent

Heretaunga is the right choice