

# APPLICATION FOR ENROLMENT AT HOROWHENUA COLLEGE

PO Box 544, Levin, New Zealand

Telephone: (06) 3686159, Fax: (06) 3679210

Email: [office@horowhenua.school.nz](mailto:office@horowhenua.school.nz) Website: [www.horowhenua.school.nz](http://www.horowhenua.school.nz)



## STUDENT DETAILS

<b>FAMILY NAME</b>		<b>MALE / FEMALE</b>
<b>FIRST NAME(S)</b>	<b>PREFERRED NAME</b>	<b>DATE OF BIRTH</b>
<b>HOME ADDRESS</b> <b>PARENT EMAIL ADDRESS</b>		<b>HOME PHONE</b>
<b>BUS ROUTE</b>	<b>PREVIOUS SCHOOL</b>	<b>LANGUAGES SPOKEN AT HOME</b>
<b>ETHNIC GROUP</b> (Circle) NZ EUROPEAN      PACIFIC ISLAND (State) ..... CHINESE              OTHER (State) ..... NZ MAORI – Code number of Iwi: ..... (See Iwi Affiliation Reference Card for code numbers)		<b>COUNTRY OF BIRTH</b> <b>FOREIGN FEE PAYING STUDENT</b> YES / NO <b>IMMIGRATION STATUS:</b> <b>RESIDENCE PERMIT</b> YES / NO <b>STUDENT VISA</b> YES / NO <b>PARENTS' WORK PERMIT</b> YES / NO <b>OTHER</b>
<b>SPECIAL CIRCUMSTANCES</b> e.g. health problems, learning difficulty, family circumstances		<b>DOCTOR</b> <b>DENTIST</b>
Has this student previously been suspended or excluded from any school?		YES / NO
Name of person(s) who must not have contact with this student		
<b>STUDENT LIVING WITH</b>	<b>Mr/Mrs/Ms/Miss</b>	<b>OCCUPATION</b>
Family Name	First Name	<b>WORK PH</b>
Relationship to student		<b>CELL PH</b>
<b>STUDENT LIVING WITH</b>	<b>Mr/Mrs/Ms/Miss</b>	<b>OCCUPATION</b>
Family Name	First Name	<b>WORK PH</b>
Relationship to student		<b>CELL PH</b>
Other family members currently attending Horowhenua College:		
<b>EMERGENCY CONTACT</b> (if neither of the above are available)		<b>PHONE</b>
Name		
<b>OTHER PARENT NOT LIVING WITH STUDENT</b> (If applicable)		<b>HOME PH</b>
Mr/Mrs/Ms/Miss	Family Name	First Name
Relationship		
Address		
<b>EXTRA COPY OF SCHOOL REPORT FOR OTHER PARENT REQUIRED?</b>		YES / NO
<b>FOR OFFICE USE ONLY</b>	<b>TUTOR GROUP</b>	<b>CORE CLASS</b>
ENTRY DATE		<b>LEAVING DATE</b>

PLEASE TURN OVER

## ENROLMENT PROCEDURES

- Please fill out both sides of this form carefully.
- Ensure that the form is mailed or delivered to Horowhenua College, PO Box 544, Levin, as soon as possible.
- Enrolment Interviews:
  - \* To complete the enrolment process, please phone the College Office to make an appointment for an enrolment interview.
  - \* Interview times will be available commencing Term 3.
  - \* Students born in New Zealand must bring their birth certificate or passport and a copy of their latest report, if available, to the interview.
  - \* Students not born in NZ must bring their passport and residence permit, or student visa, or parent's work permit, and a copy of their latest report, if available, to the enrolment interview.
- Enrolments will be confirmed by letter after your interview.

## DECLARATION

I / We have read the Prospectus and agree to abide by the College Regulations laid down by the Principal and the Board of Trustees.

I / We declare that all the information stated on this form is true and correct.

I / We give permission for Horowhenua College to share information with other educational agencies in the best interest of my / our child.

I / We understand that Horowhenua College will take action on my / our behalf in case of the sudden illness or injury of my / our child.

I / We will pay all fees as required.

I / We have read the Acceptable Use Policy for Internet and understand that my / our child is responsible for using school equipment and the Internet as outlined there.

I / We have gone through the Acceptable Use Policy with my / our child and explained its importance, and that there may be consequences for breaking the Policy.

I / We understand while the school will do its best to restrict student access to offensive, dangerous, inappropriate at school, or illegal material on the Internet or through e-mail, it is the responsibility of my / our child to have no involvement in such material.

I / We give permission for my / our child to be given access at school to global information systems such as the Internet or e-mail.

I / We give permission for the College to use images of my / our child in College publications, newspaper articles and on the College website.

Parent / Caregiver signature(s):..... Date: .....

Student signature: ..... Date: .....

**Horowhenua College will adhere to the Privacy Act requirements regarding personal information.**

### Please note:

Receipt by the College of this application form **does not** guarantee acceptance of enrolment. An enrolment interview **must** be completed before acceptance can be considered. See the section on enrolment procedures above for details.

Address and telephone number details are collected at the time of enrolment and during the student's time at school so that the school can contact the parent or student as necessary. These contact details may also be passed on to the Ministry of Education and the Ministry of Social Development (MSD). This is so young people who may have difficulty finding future employment, training or further education can be identified and offered support by organisations contracted by MSD to help re-engage young people in education or training when they leave school.