



**TIMARU BOYS' HIGH SCHOOL**  
**ENROLMENT FORM**  
 Year 20 \_\_\_\_\_

FOR ADMIN PURPOSES ONLY

Form Class: \_\_\_\_\_

Date Starting: \_\_\_/\_\_\_/\_\_\_

NSN NUMBER:

\_\_\_\_\_

**Student Details**

FAMILY NAME:		DATE OF BIRTH:	
GIVEN NAME (S):		<b>Copy of birth certificate or passport must be provided</b> <input type="checkbox"/>	
PREFERRED NAME:		PLACE OF BIRTH:	
HOME ADDRESS:		COUNTRY OF CITIZENSHIP:	
POSTCODE:		If from overseas copy of full Passport/Visa attached <input type="checkbox"/>	
HOME PHONE:	STUDENT CELL PHONE #:		
CURRENT SCHOOL:	CURRENT YEAR LEVEL:		
To be enrolled as a Day Student <input type="checkbox"/>		Boarder <input type="checkbox"/>	

**Parent (s) or Caregiver (s) student lives with – Residence A**

<b>Parent/Caregiver 1 Name:</b>		(Mr, Mrs, Ms, Miss, Dr)	
Relationship to student:		Occupation:	
Email address:		Cell Phone:	
Name of Workplace:		Work Phone:	
<b>Parent/Caregiver 2 Name:</b>		(Mr, Mrs, Ms, Miss, Dr)	
Relationship to student:		Occupation:	
Email address:		Cell phone:	
Name of Workplace:		Work Phone:	

**Parent (s) or Caregiver (s) student lives with – Residence B (if applicable)**

<b>Name:</b>		(Mr, Mrs, Ms, Miss, Dr)	
Address:		Home Phone:	
Postcode:		Cell Phone:	
Relationship to student:			
Email address:		Occupation:	
Name of Workplace:		Work Phone:	
Provide details of shared custody arrangements, e.g. 50% of the time, or certain days of the week:			

**Parent (s) or Caregiver (s) student does not live with (if applicable)**

<b>Name:</b>		(Mr, Mrs, Ms, Miss, Dr)	
Address:		Home Phone:	
Postcode:		Cell Phone:	
Relationship to student:		Workplace name:	
Email address:		Work Phone:	

**Emergency Contact (Other than the ones above e.g. Grandparent/Aunt/Uncle/Friend)**

<b>NAME:</b>		(Mr, Mrs, Ms, Miss, Dr)	
Address:			
Relationship to student:			
Home Phone:	Cell Phone:	Work Phone:	

**Ethnicity** (Cultural identification with a particular ethnic group) Dual ethnicity may be selected.  
 NZ European     NZ Maori     Other (please specify) \_\_\_\_\_  
 Iwi – Please provide affiliation \_\_\_\_\_ Region \_\_\_\_\_

**Family / School Links**

Name of current/previous relatives attending TBHS: \_\_\_\_\_  
 What relationship are they to your son? \_\_\_\_\_  
 Which House were they in? (Dawson / Hogben / Simmers / Tait): \_\_\_\_\_

**Student’s Academic Interests & Achievements:**

**Student’s Sporting and Cultural Interests:**

**Skills / Support Family can offer school** (e.g. assist with volunteer help, transport, PTA, coaching, etc):

**Student’s Health Record**

Doctor:	Surgery Phone Number:
---------	-----------------------

Dentist:	Surgery Phone Number
----------	----------------------

<i>Has the student ever suffered from:</i>	<i>Severity</i>	<i>Medication required</i>
<i>Asthma (Circle one) Yes / No</i>		
<i>Diabetes Yes / No</i>		
<i>Epilepsy Yes / No</i>		
<i>ADD / ADHD Yes / No</i>		
<i>Migraine Yes / No</i>		
Any other medical condition or disability?		
Any mental health issues? Yes / No If yes, please state:		

<i>Does the student suffer an allergic reaction to:</i>	<i>Severity</i>	<i>Medication Required</i>
<i>Stings</i>		
<i>Food</i>		
<i>Medication</i>		
<i>Other:</i>		

**Is the student up-to-date with their immunisations? (Yes / No)**

**In Case of Illness, Accident or Emergency**

I give permission for my son to receive non prescription medicines such as Panadol, when necessary, from a staff member who holds a current First Aid Certificate	Yes / No (Circle one)
---	-----------------------

If the school is unable to contact me, or if the accident is serious, I give permission for the school to either take my son to a Medical Centre or call an ambulance. If an ambulance is needed for a non-accident incident I agree to meet any costs incurred.	Yes / No (Circle one)
--	-----------------------

**Learning Support**

Does your son have any learning needs, e.g. intellectual, physical, social, behaviour disorder, autism, etc? <b>If yes, please provide details and attach any reports.</b>	Yes / No (Circle one)
--	-----------------------

Does your son have learning difficulties assessed by an outside agency? RTLB, ORRS, etc? <b>If yes, please provide details and attach any reports.</b>	Yes / No (Circle one)
--	-----------------------

Has your son received funding to support Special Education?	Yes / No (Circle one)
---	-----------------------

## Cybersafety

I have **read** and understand my responsibilities and agree to abide by this Cybersafety Use Agreement. I know that if I breach this use agreement there may be serious consequences.

Name of student: \_\_\_\_\_

Year Level: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

### Section for parent/legal guardian/caregiver

My responsibilities include:

- **I will read** the Cybersafety Use Agreement document carefully and discuss it with my son so we both have a clear understanding of my son's role in the school's work to maintain a cybersafe environment
- **I will ensure** this use agreement is signed by my son and by me, and returned to the school
- **I will encourage** my son to follow the cybersafety rules and instructions
- **I will contact** the school if there is any aspect of this use agreement I would like to discuss.

I have read this Cybersafety Use Agreement document and am aware of the school's initiatives to maintain a cybersafe learning environment, including the responsibilities involved.

Name of parent/caregiver: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

NB: A full version of the Cybersafety Use Agreement is available and can be viewed at [www.timaruboysschool.nz](http://www.timaruboysschool.nz)

### Permission for Education Outside the Classroom

The Education Outside the Classroom Procedures require that we ask you for written permission for your son to participate in Level 1 off-site events that occur during the school day or finishing after school. These events have an element of risk deemed to be no greater than the average family activity. Examples include: Interschools, Careers Day, or an Art class trip to a gallery. You will still be given information sheets (cost, time, date) by the teacher-in-charge and you have the right to withdraw your permission at any time by contacting the teacher-in-charge.

Full written permission is still required for each individual where the activities risk is deemed to be greater than a Level 1, including any overnight stay. Examples include: tramping, rock climbing, water activities. The teacher-in-charge will complete Risk Analysis Management procedures for these events in accordance with school policy.

Parent / Caregiver Signature \_\_\_\_\_

### Information for Government Departments

*Address and phone 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.*

### Privacy Statement

*The information on this form is collected to form part of the essential information the school holds on your son. The information collected will be used by the school for the following purpose: enrolling your son at school, assessing the education needs of your son and ensuring that education services and resources in respect of your son are provided to the school. The records made from this information may be viewed on request at the school. The information collected may be disclosed to education and health sector agencies in accordance with the principles of the Privacy Act. Except with your specific authorisation, it will not be disclosed to any other person or agency unless such disclosure is authorised or required by law.*

### Declaration

*I wish to enrol the above named student. I have read the School Prospectus and undertake to ensure that my son abides by the regulations and expectations of the school and Board. All Board policies are available for parent consideration at the school office or on the school website. I have disclosed all information about my son which is in any way relevant to my son's enrolment, in particular (but without limitation), relating to my son's medical history or psychological condition, any allergies, any behavioural or emotional difficulties, any family issues which may impact negatively on my son, and/or any custody or guardianship issues. I agree to allow the school to use named and unnamed images of my son for school communication and marketing.*

Parent / Caregiver Signature \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

<b>Rural Bus Student:</b>		(Circle) YES / NO		If YES please tick Bus Route below:				
	Claremont	7599		Opihi/Taiko	7643		Southburn	7745
	Kerrytown	7558		Otaio/St Andrews	7688		Temuka	7597
	Levels Valley	7647		Pareora East	7686		Upper Waitohi	7637
	Lyalldale	7598		Rosewill Valley	7636		Waimate	7741
	Maungati	7689		Seadown	7735		Waipopo	7687

**TO BE COMPLETED AT WHANAU MEETING**  
(Between family, student and senior staff member)

**Academic**

Subjects enjoyed:

Areas for Improvement:

RELEVANT HOME CIRCUMSTANCES (including place in family):

COPIES OF REPORTS TO BE SENT TO:

COPIES OF FINANCIAL ACCOUNTS TO BE SENT TO:

OTHER INFORMATION

**YEAR 9 SUBJECT OPTION CHOICES**

Te Reo	French	Future Skills
--------	--------	---------------

Meeting attended by: \_\_\_\_\_ Date: \_\_/\_\_/\_\_

Staff member: \_\_\_\_\_ Date: \_\_/\_\_/\_\_