



# WAITAKI BOYS' HIGH SCHOOL

## STUDENT ENROLMENT FORM

The information given here and collected at other times will be stored and used in ways consistent with the provisions of the Privacy Act 1993.

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### STUDENT INFORMATION

Surname: \_\_\_\_\_ Given Name(s): \_\_\_\_\_

Address \_\_\_\_\_

Post Code: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Year Level this Year: \_\_\_\_\_

Students Cell Phone: \_\_\_\_\_

Place in Family: \_\_\_\_\_ Name of eldest boy at this school: \_\_\_\_\_

School of Origin: \_\_\_\_\_

Family Doctor: \_\_\_\_\_

Ethnic Group: \_\_\_\_\_ Iwi: \_\_\_\_\_

Medical problem(s) or other conditions or circumstances the school needs to be aware of:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### PARENT/CAREGIVER INFORMATION

#### ***Caregiver 1:***

Relationship to student - (ie Mother, Stepmother etc) \_\_\_\_\_

Full Name: \_\_\_\_\_

Occupation: \_\_\_\_\_

email: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Bus. Phone: \_\_\_\_\_

Mobile: \_\_\_\_\_

#### ***Caregiver 2:***

Relationship to student - (ie Father, Stepfather etc) \_\_\_\_\_

Full Name: \_\_\_\_\_

Occupation: \_\_\_\_\_

email: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Bus. Phone: \_\_\_\_\_

Mobile: \_\_\_\_\_

### PARENT/CAREGIVER INFORMATION who student does not live with *(if applicable)*

Relationship to student - \_\_\_\_\_

Full Name: \_\_\_\_\_

Occupation: \_\_\_\_\_

email: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Bus. Phone: \_\_\_\_\_

Mobile: \_\_\_\_\_

**EMERGENCY CONTACTS**

i.e. Relative or neighbour (for use when parents/caregivers above are unable to be contacted)

Name: \_\_\_\_\_

Relationship: \_\_\_\_\_ Phone Number: \_\_\_\_\_

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**PLEASE ATTACH A COPY OF YOUR SON'S BIRTH CERTIFICATE TO THIS FORM**

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**PARENT/GUARDIAN RESPONSE**

**The following are things that the school needs to know about our son, in order to best provide for his learning and welfare:**

*This information will be confidential to the Rector, the Guidance Counsellor, your son's Dean and, where relevant, your son's teachers. Any information that you wish to be known only to one of the persons above should be communicated to that person separately.*

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Parental Support:** Are you happy to be contacted by our parent run "Community Association"?  
**Yes / No**

**ALL PARENTS (Day and Boarder) to complete the following:**

(To be signed by **both** parents or guardians)

- 1 I have read and accept the school's expectations of parents.
- 2 I have read and accept the school rules.
- 3 I allow the school to use the information on this sheet for our son's educational purposes.
- 4 I allow our son's current school to release to this school such information as is necessary for the school to plan for our son's future education.
- 5 I allow the school to publish information and photographs about our son that is positive in nature (i.e. academic, sporting or leadership achievement) in newsletters and magazines which may be published electronically, and to make this available to the media.
- 6 I give permission for the school to advise the Transition to Work Trust, which I understand will assist in the transition into work/training/tertiary education when my son's education is complete.

Signed \_\_\_\_\_ Date \_\_\_\_\_

Signed \_\_\_\_\_ Date \_\_\_\_\_

**BOARDERS' PARENTS ONLY to complete the following:**

(To be signed by **both** parents or guardians)

I agree to pay, on entry, the sum of \$500.00 which we acknowledge is refundable when the boy leaves the School provided that the parents/guardians have at all times fully met their financial obligations to the Board.

Signed \_\_\_\_\_ Date \_\_\_\_\_

Signed \_\_\_\_\_ Date \_\_\_\_\_