



WELLINGTON HIGH SCHOOL

(Circle) **YEAR 10 11 12 13**
2011

P O Box 4035, Wellington 6140 www.whs.school.nz
Phone 385 8911 Fax 04 802 7670 or admin@whs.school.nz

OFFICE USE ONLY

Received date ___ / ___ / 20__
Start date ___ / ___ / 20__
Birth/Passport certificate
Last school report (NCEA)
Dual enrolment YES / NO

STUDENT

Family Name: _____

Given Names: _____

Preferred Name: _____

Male / Female (please circle one)

Date of Birth: ___ / ___ / 19___ (Ministry requirement: copy of birth certificate/passport must be attached)

Address:

number _____ Street _____ Suburb _____

Town/City _____ POSTAL CODE: _____

Home phone number _____ Student's mobile number _____

Ethnic Group: Maori, NZ European, Pacific Peoples, Chinese, Indian, Other _____

Country of Birth: _____ Language spoken at home: _____

Iwi Affiliation of students of Maori descent. You may enter more than one Iwi. If you do not know the Iwi, please enter 'Do Not Know' _____**CAREGIVER 1:**

Name: _____ Relationship to student: _____

Address: (leave blank if same as student) _____ **Legal access right to student** yes / no

Home phone number _____

Post code _____ Mobile number: _____

Email: _____

(NOTE: Report information will be sent to care giver one's email unless informed otherwise – see over page to note alternative email)

Occupation: _____ Employer: _____ Work Phone: _____

CAREGIVER 2:

Name: _____ Relationship to student: _____

Address: (leave blank if same as student) _____ **Legal access rights to student** yes / no

Home phone number: _____

Suburb _____ Mobile number _____

Post code _____ **Email:** _____

Occupation: _____ Employer: _____ Work Phone: _____

CAREGIVER 3:

Name: _____ Relationship to student _____

Address: (leave blank if same as student) _____ **Legal access rights to student** yes / no

Home phone number _____

Mobile number: _____

Email: _____

Occupation: _____ Employer: _____ Work Phone: _____

Emergency Contact: This must be someone other than caregiver 1, 2 or 3

Only used when
parents/caregiver
s are unavailable.

Name: _____ Relationship to Student: _____

Address: _____ Ph. Number: _____ Hm / Wk

Mobile number: _____

SIBLINGS: Will you be the only child/sibling in your family attending Wellington High School? YES / NO

Number of children in family presently at WHS: _____

Names of other children at Wellington High School? Name _____ Year _____

Name _____ Year _____

Last (current) school: _____

Has the student ever been stood down externally or suspended? Yes No

MAIL *Invoices & other correspondence to be mailed to: (Indicate below which is preferred if separate addresses)

CAREGIVER 1

CAREGIVER 2

OR

BOTH

***Reports** will be email to caregiver one unless informed otherwise (Email: _____)

HEALTH

Problems: _____

Degree (mild/severe?): _____

Doctor: _____

Phone: _____

Dentist: _____

Phone: _____

Allowed Panadol: Yes / No

Mental Health Issues: Yes / No **Medication to be kept at school:** _____

Indicate which agency this student has been involved with: RTLB / Teacher aid / CYFS / CAFS / Te Whare Marie

Police Youth Aid / Mentoring programme / ADHD Clinic / **none** / other.....
specify

STUDENT'S INTERESTS AND ABILITIES

Please list interests and abilities:

INTERESTS _____

CULTURAL _____

CLUBS _____

Any information you consider relevant about your student:

SPORTS SECTION This section will assist the Sports Co-ordinator with future planning

<input type="checkbox"/>	Archery Club	<input type="checkbox"/>	Croquet	<input type="checkbox"/>	Squash
<input type="checkbox"/>	Athletics	<input type="checkbox"/>	Dragonboating	<input type="checkbox"/>	Surf Club
<input type="checkbox"/>	Badminton	<input type="checkbox"/>	Fencing	<input type="checkbox"/>	Tennis
<input type="checkbox"/>	Basketball	<input type="checkbox"/>	Hockey	<input type="checkbox"/>	Touch Rugby
<input type="checkbox"/>	Bowls (Lawn)	<input type="checkbox"/>	Netball	<input type="checkbox"/>	Underwater Hockey
<input type="checkbox"/>	Canoe Polo	<input type="checkbox"/>	Rugby	<input type="checkbox"/>	Volleyball
<input type="checkbox"/>	Chess	<input type="checkbox"/>	Soccer - boys	<input type="checkbox"/>	Water Polo
<input type="checkbox"/>	Cricket	<input type="checkbox"/>	Soccer - girls	<input type="checkbox"/>	Surf Club

Please tick the sports you wish to play in 2010 or **Not interested in playing a sport**

PARENT ASSISTANCE

I/We (parent) can make the following contribution to the School's learning programmes *if asked*

- | | | | | |
|--------------------------|-------------------------------------|--------------------------------|----------------------------------|------------------------------------|
| <input type="checkbox"/> | a. Assist with sports – code? _____ | coach <input type="checkbox"/> | manage <input type="checkbox"/> | transport <input type="checkbox"/> |
| <input type="checkbox"/> | b. Join working bees | <input type="checkbox"/> | d. Give students work experience | |
| <input type="checkbox"/> | c. Supervise on school trips | <input type="checkbox"/> | e. Volunteer ICT expertise | |
| <input type="checkbox"/> | f. Library assistance | <input type="checkbox"/> | g. Exam Reader Writer Assistance | |

UNDERSTANDING YOUR FINANCIAL POSITION

For the school to function effectively, we need all of the school families to be involved. Each family is asked to make a voluntary donation. This covers vital services and activities that are not funded by the government. Some families may not be in a position to make a donation. Some would like to help in other ways instead such as parent assistance. Please help us understand your position.

TICK ONE OF THE FOLLOWING BOXES:

I/We are able to make a voluntary donation

I/We are unable to make a voluntary donation, but if asked, may assist the school in the area(s) outlined on the previous page

I/We are able to make a voluntary donation, and would like to set up an automatic payment

TICK ONE OF THE FOLLOWING BOXES:

Course Fees: Certain subjects carry course fees which **are compulsory**. Subjects that carry course fees tend to use materials, such as Art, Photography, Workshop Technology, etc. Course fees are outlined in the Course Choice booklet that all students are given prior to making their selection for the year.

I/We are able to pay course fees for our student

I/We are would like to discuss financial assistance with course fees

Policy for online publishing of student and/or work (www.whs.school.nz/Moodle)

The school uses a range of learning technologies to enhance student learning. These include electronic mail (email) and the Internet. From time to time, we publish on the school's Internet website material for educational purposes, to share the results of learning within the school community, and to promote the school within the wider community. This may include examples of students' schoolwork and images of students and groups of students in activities at the school. Images of students may include scanned, digital, or video images of them taking part in school or class activities.

There are three main reasons the school publishes student material online:

- to educate the student in accordance with the national curriculum, including on the role and use of technology in society;
- to encourage the student to be part of and participate in the school community;
- to promote the school in the wider community.

Yes to the above

No to the above

DECLARATION

I/We will ensure that _____ abides by the rules and regulations determined by the Board of Trustees of Wellington High School. PRIVACY ACT 1993: I/We hereby acknowledge and authorise Wellington High School to collect, store, use and disclose the information provided on this form for the purposes of enrolment, general administration of the school and general care and welfare of my/our student during the term of enrolment with the High School. This may include other government agencies and any forwarding school, and we agree to update the information as necessary. We agree that Wellington High School can request our student's records from his/her previous school. We also agree that the school may publicise our student's achievements in the best interest of both parties. I have also read and understand the school's policy for the online publication of student images and student work and guidelines as outlined above. Caregivers must discuss any objection to these policies with the Principal before enrolment is completed.

(please circle)

Yes No I will encourage my student to work towards a Certificate in Learning Skills.

Yes No I give consent that my student may be required to be off school site to attend class activities.

Yes No I agree to my student's detail's being shared with other agencies to benefit my child's health and well being.

Parents/Caregiver 1 signature:

Parents/Caregiver 2 signature:

Date:

Student's signature:

Date:

Parent / Caregiver HAVE YOU ATTACHED

- The copy of birth certificate/passport *attached* Yes No
- The last full school report *attached* (NZQA results if applicable) Yes No

This documentation must be attached for your enrolment to be processed.

