

THAMES HIGH SCHOOL APPLICATION FOR ENROLMENT

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| <p>Full Legal Name of Student <i>(from birth certificate - copy to be produced)</i></p> <p>Last Name: _____</p> <p>First Name(s): _____</p> <p>Preferred or Other Name known by: _____</p> <p>Previous School: _____</p> <p>Sibling(s) at Thames High School? Yes / No</p> <p>Name: _____ Year Level: _____</p> <p>Home Phone: _____</p> <p>Parents Email: <i>(for school contact)</i> _____</p> <p>Main Cell Phone Contact No: _____</p> | <p>YEAR LEVEL <i>(please circle)</i> 9 10 11 12 13</p> <p>Date of Birth: / /</p> <p>Gender: Male / Female <i>(please circle)</i></p> <p>Student's Physical Address <i>(where student is living)</i> _____ _____ _____ Postcode: _____</p> <p>Postal Address <i>(if different from above)</i> _____ _____ _____ Postcode: _____</p> |
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| <p>ETHNIC GROUP <i>(which ethnic group do you identify with?)</i></p> <p>NZ European <input type="checkbox"/></p> <p>NZ Maori <input type="checkbox"/> <i>Please complete Tribe/Iwi details below</i></p> <p>Tribe/Iwi Affiliation(s) <i>(required information, please list)</i> _____ _____ _____</p> | <p><i>Please specify where applicable</i></p> <p>Other European <input type="checkbox"/> _____</p> <p>Pacific Island <input type="checkbox"/> _____</p> <p>Asian <input type="checkbox"/> _____</p> <p>African <input type="checkbox"/> _____</p> <p>Latin American <input type="checkbox"/> _____</p> <p>Other <input type="checkbox"/> _____</p> |
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Parent(s)/Caregiver(s) living at student's address

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| Mr / Mrs / Miss / Ms / Dr | Full Name: | Relationship to Student <i>(e.g. mother/father)</i> |
| Mobile Ph: | Work Ph: | |
| Mr / Mrs / Miss / Ms / Dr | Full Name: | Relationship to Student <i>(e.g. mother/father)</i> |
| Mobile Ph: | Work Ph: | |

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| <p>Emergency Contact <i>(if other than parent(s)/caregiver(s))</i></p> <p>Name:</p> <p>Relationship to Student: <i>(E.g. Aunt, Uncle, etc.)</i></p> | <p>Home Ph Number</p> <p>Work Ph Number:</p> <p>Mobile:</p> |
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| <p>ELIGIBILITY/RESIDENCY STATUS <i>(please tick)</i></p> <p>New Zealand/Australian Citizen <input type="checkbox"/> <i>(Australian Citizen – please provide passport)</i></p> <p>New Zealand/Australian Resident <input type="checkbox"/></p> <p>Is English your second language? Yes / No</p> | <p>PASSPORT / BIRTH CERTIFICATE COPIED <input type="checkbox"/></p> <p>Other (please state) _____ <input type="checkbox"/> <i>(Please provide evidence of eligibility to study in New Zealand)</i></p> <p>Visa No: _____ <i>(Please provide passport with residence permit)</i></p> <p>Date of Arrival in New Zealand _____</p> |
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Other Legal Guardians (if applicable) NOT living at student's address

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| Mr / Mrs / Miss / Ms / Dr | Full Name: | Relationship to Student <i>(e.g. mother/stepmother)</i> |
| Home Ph: Mobile Ph: Work Ph: Custody Agreement: Yes / No <i>(please provide copy to school)</i> | Address: _____ _____ _____ Postcode: _____ | Email: Copy of School Report for this guardian? <i>(Please circle)</i> Yes / No |

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|---|---|--|
| Mr / Mrs / Miss / Ms / Dr | Full Name: | Relationship to Student <i>(e.g. father/stepfather)</i> |
| Home Ph: Mobile Ph: Work Ph: Custody Agreement: Yes / No <i>(please provide copy to school)</i> | Address: _____ _____ _____ Postcode: _____ | Email: Copy of School Report for this guardian? <i>(Please circle)</i> Yes / No |

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| Has the student been working with any support agencies? <i>(Please circle)</i> | Yes / No |
| <i>E.g. RTLB, GSE, CAMHS. If yes, please give details.</i> | |
| Is there any other information that you need to share with the school? <i>(Please circle)</i> | Yes / No |
| <i>E.g. home circumstances, incidents of trauma (Please detail on a separate sheet if necessary)</i> | |

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| Has this student previously been stood down, suspended or excluded from ANY school? <i>(Please circle)</i> | Yes / No |
| <i>If yes, please detail. (Use a separate sheet if necessary)</i> | |

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| School Bus | |
| Does your son / daughter qualify for a bus subsidy? <i>(4.8km from nearest school)</i> | Yes / No |
| If your son / daughter qualifies for a bus subsidy, complete the following: | |
| Bus Route: | |

House/Whanau

Students are placed in a House Group for the duration of their time at Thames High School. The House Groups are named after ex-Principals of Thames High School. Students are usually placed in the House (and whanau) that their families have associated with in the past if appropriate. Students are placed in the same House and whanau as their siblings. If you have a preference, please indicate below (circle the House Group). If not, the student will be placed in a House and Whanau

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|-------------|-------|------------|-------|--------|
| House Group | Adams | Dorrington | Hoult | Rudman |
| Whanau | | | | |

Roopu Group

In Year 9 and 10 students are placed in a Roopu class. This will be designated by the Dean.

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| Roopu Class: | (Dean to enter only) ENROLMENT COMPLETED BY: |
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SIGNATURES & DECLARATION (To be completed by all applicants)

1. I/We have read the Prospectus and agree to abide by the School regulations and declare that all the information stated on this enrolment form is true and correct.
2. I/We agree that the above named student will wear the correct school uniform and abide by the rules, regulations and discipline procedures of Thames High School.
3. I/We give permission for Thames High School to use any images/publications showing my son's / daughter's work or self.
4. I/We agree that we have read and will abide by Thames High School Information Technology Responsible Use Agreement.
5. I/We give permission for the school to obtain school records and any other information relevant to my child's welfare from previous schools. Students may request to view and correct any errors to their records.
6. In case of an accident or emergency, if the School cannot contact you, or if the illness is serious, the School may need to take your son/daughter to an Accident and Emergency Clinic or to a Hospital or the Family Doctor. I give my permission for the School to make such arrangements as are necessary for the treatment of my son/daughter in an emergency and agree to meet any costs incurred.
7. I/We understand that non-uniform items and inappropriate articles can be confiscated for a period of time, in line with the school policy.
8. I/We agree that cell phones are not to be switched on in classrooms and will be confiscated for 5 days after which parents must collect them from the Deputy Principal, and that they are brought to school at the student's risk.
9. I/We confirm that all course charges with a take-home component or transport costs associated within an element of a programme will be paid.
10. I/We give permission for any monies paid to the school via automatic payment to be allocated to fees that are owing, which will not include the donation, unless I/We instruct the school to do so.

Parent (Mātua) / Guardian signature(s) _____

Student (Tauria) Signature _____ Date / / 20

ICT RESPONSIBLE USE AGREEMENT COMPLETED:

The information on this form is collected to form part of the essential information the school holds on your child. The information collected will be used by the school for the following purposes: enrolling your child at school, assessing the education needs of your child and ensuring that education services and resources in respect of your child are provided to the school.

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.

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.

REMINDER:

PLEASE REMEMBER TO PROVIDE A COPY OF YOUR CHILD'S BIRTH CERTIFICATE AND COMPLETE THE ATTACHED MEDICAL INFORMATION FORM, WITH THIS ENROLMENT FORM.