



## Application for Enrolment (2021)

**All form fields must be filled in completely.** If not applicable, please write N/A.

**Only completed applications with the enclosed documents below will be accepted. All incomplete forms will be returned to you for completion.**

Student(s) must reside with Parent(s) or Legal Guardian or person with Authorised Primary Duty of Care (see Section C).

**All information recorded on this form is being collected and will be retained on the School Management System for purposes of enrolment and is used expressly for school and / or Ministry of Education purposes.**

### A copy of:

- Evidence of usual place of residence e.g. Tenancy Agreement; current electricity bill; current telephone bill; or bank statement.
- Latest school report (2020).
- For New Zealand Citizens – Birth Certificate or Passport or New Zealand Citizenship Certificate.
- For Non-New Zealand Citizens – Copies of Student's Passport with Residence Permit or Student Passport with Student Visa and Parent Passport with Work Permit
- Immunisation record (available from your GP)

Once your application has been processed, you and your child will be required to attend an enrolment interview. We will contact you to arrange an interview time during Term 3 and Term 4. Lastly, to complete the enrolment process, the School will send confirmation.

**Note:** Students with a non-English speaking background who have lived in New Zealand for less than four years may be required to take an ESOL test.

### Please return your completed application to:

Mrs Jo Willetts  
Receptionist  
Thames High School  
300 Sealey Street,  
Thames 3500, New Zealand

Any queries please contact Mrs Jo Willetts, on 07 868 8688, or [office@thameshigh.school.nz](mailto:office@thameshigh.school.nz)

# Enrolment Application Form 2021



## ADMIN USE ONLY

Date Received		YEAR LEVEL (circle/highlight)	9	10	11	12	13
Entered in KAMAR		Rōpū / Whānau Class:					
Data File Entered		Enrolled By					
Scanned		Interview Date					
IT Responsible Use completed		Start Date					

## A: PERSONAL DETAILS OF ENROLLING STUDENT

Legal first names			
Legal last name			
Preferred name(s)			
Date of birth		Gender (circle/highlight)	Female    Male
Student email address		Student mobile phone number	
Student's Physical Address (where student is living)			
	Suburb		Postcode
Student's Postal Address (if different from above)			
	Suburb		Postcode
Country of Birth			
Current school			
Previous schools in NZ (at any stage)			

NEW ZEALAND CITIZEN (COLUMN 1)		NON-NEW ZEALAND CITIZEN (COLUMN 2)	
NZ Birth Certificate Number:		Date of Entry into NZ:	
OR NZ Passport Number:		Student Passport Number:	
If not born in New Zealand:		Country of Passport Issue:	
Date of Entry into NZ:		Residence Permit Number:	
OR NZ Citizenship Number:		OR Student Visa Number:	
OR NZ Passport Number:		Parent Passport Number:	
		Parent Visa Number:	
		OR Refugee status (circle or highlight)	YES    NO

CULTURAL IDENTITY (please tick or circle your cultural identity. If you have two, please place 1 and 2 by each)							
<input type="checkbox"/>	NZ European	<input type="checkbox"/>	Chinese	<input type="checkbox"/>	Fijian	<input type="checkbox"/>	Latin American
<input type="checkbox"/>	NZ Māori*	<input type="checkbox"/>	Korean	<input type="checkbox"/>	Fijian Indian	<input type="checkbox"/>	Middle Eastern
<input type="checkbox"/>	Australian	<input type="checkbox"/>	Japanese	<input type="checkbox"/>	Niuean	<input type="checkbox"/>	South African
<input type="checkbox"/>	British / Irish	<input type="checkbox"/>	Indian	<input type="checkbox"/>	Samoaan	<input type="checkbox"/>	
<input type="checkbox"/>	Other European	<input type="checkbox"/>	Sri Lankan	<input type="checkbox"/>	Tongan	<input type="checkbox"/>	
<input type="checkbox"/>		<input type="checkbox"/>	Other Asian	<input type="checkbox"/>	Other Pacific Peoples	<input type="checkbox"/>	Other African
<input type="checkbox"/>	Other (please specify)						
*If you selected NZ Māori, please state your <b>Iwi</b> :							

## B: Caregivers - Residence A

i.e. person(s) legally responsible for the student, **living at the same address as the student** on page 2.

It is Thames High School's expectation that all students will reside permanently with their natural parent(s) or Legal Guardian as recorded on this enrolment for the duration of the student's attendance at Thames High School. Any changes of circumstances must be communicated in writing.

**Contact with parents and recording of student progress is conducted by email. Please complete the email section clearly.**

	Caregiver 1	Caregiver 2
<b>Title:</b>	Mr / Mrs / Ms / Miss / Dr	Mr / Mrs / Ms / Miss / Dr
<b>Surname:</b>		
<b>First Name:</b>		
<b>Relationship to student:</b> (e.g. Mother / Father)		
<b>Mobile Number:</b>		
<b>Home phone number:</b>		
<b>Personal email address:</b>		
<b>Occupation:</b>		
<b>Workplace / employer:</b>		
<b>Work phone number:</b>		
Are there any <b>specific custody orders</b> in place for the enrolling student? <i>If yes, please attach legal documentation, court document, letters from lawyers etc.</i>		<b>Yes / No</b>

## C: Caregivers - Residence B

Complete this section only as applicable, i.e. if parent(s) or other adults have responsibility for the student, but **do not live at the same address as the student** OR there is a shared residence situation, for example the student resides at both addresses for some time in the week.

	Caregiver 1	Caregiver 2
<b>Title:</b>	Mr / Mrs / Ms / Miss / Dr	Mr / Mrs / Ms / Miss / Dr
<b>Surname:</b>		
<b>First Name:</b>		
<b>Relationship to student:</b> (e.g. Mother / Father)		
<b>Mobile Number:</b>		
<b>Home phone number:</b>		
<b>Personal email address:</b>		
<b>Occupation:</b>		
<b>Workplace / employer:</b>		
<b>Work phone number:</b>		
<b>Do you wish Secondary Caregivers 1 and / or 2 to receive copies of:</b>		(circle or highlight)
<b>Student Reports?</b>	Yes / No	Yes / No
<b>Financial statements?</b>	Yes / No	Yes / No
<b>Newsletters?</b>	Yes / No	Yes / No

## D: Emergency Contact

An adult living in or near Thames that can take responsibility for the student but does NOT live at the same address. This person is the nominated contact should Caregivers A and B not be contactable in **urgent circumstances**.

Surname		First Name:	
Main contact Number (e.g. mobile)		Relationship to Student: (e.g. aunt, uncle, grandad, etc.)	

## E: Sibling Information

Please complete if applicable.

Brother(s) / Sister(s) CURRENTLY attending Thames High School.

Name:		Year level		House	A / D / H / R
Name:		Year level		House	A / D / H / R
Name:		Year level		House	A / D / H / R
<b>Brother(s) / Sister(s) who are FORMER students of Thames High School:</b>					
Name:		Year last attended		House	A / D / H / R
Name:		Year last attended		House	A / D / H / R
<b>If Mother is a former student of Thames High School:</b>		Year last attended		House	A / D / H / R
<b>If Father is a former student of Thames High School:</b>		Year last attended		House	A / D / H / R
<b>House / Whānau placement (A - Adams, D – Dorrington, H – Hoult, R – Rudman)</b>					
Only students that have sibling or direct family / whanau (i.e. mum or dad) connections to a house / whānau may choose their House / Whānau. All other placements will be made to balance numbers.					
Do you wish your son / daughter to be in the same House / Whānau as the sibling or direct family / whanau? (Once house / Whānau has been allocated, it cannot be changed.)					<b>Yes / No</b> A / D / H / R

## F: English Language Ability

Only complete this section if English is NOT the enrolling student's first language.

Is ENGLISH your second or other language?	<b>Yes / No</b>	What is your first language?	<b>Yes / No</b>
How long has the student lived in New Zealand?	<b>... years</b>	Has your child participated in an English as a Second Language (ESOL) programme in their current school?	<b>Yes / No</b>

## G: School Bus

Does your son / daughter qualify for a bus subsidy? (4.8km from nearest school)

**Yes / No**

If your son / daughter qualifies for a bus subsidy, which bus route does he/she qualify for?

**Bus Route**

(circle or highlight):

Kauaeranga Valley | Puriri | Tairua/Hikuai | Tapu | Te Puru | Other

## H: Background Information / Interests

### Hobbies and leisure activities

### Music, Drama, Dance Activities (please indicate any performing art that your son / daughter participates in):

### Sport - what does your son / daughter play and / or would like to participate in?

### Cultural Activities / Groups - what is your son / daughter involved in?

### Other personal interests and aspirations

### Strengths

### Achievements (Please list awards or certificates and other achievements that your son or daughter has received):

### SWIMMING PROFICIENCY

Can your child swim at least 100 m?

Yes / No

How would you rate his / her proficiency at swimming?

Strong / Adequate / Weak

## I: Special Circumstances

*\*Please be assured that any information you provide is treated as strictly private and confidential.*

Does the enrolling student have a medical or physical disability or a learning difficulty that may affect his / her classroom learning? Examples would be, but are not limited to, Autism, Asperger, Dyslexia, Dyspraxia, and Epilepsy

My son / daughter has a physical disability:	Yes / No
My son / daughter has a learning difficulty or condition:	Yes / No
My son / daughter has received support from <b>RTL</b> or <b>GSE</b> (e.g. ORS funding)	Yes / No
My son / daughter has been involved with any <b>supported learning programmes or has had Teacher Aide support</b> at previous schools.	Yes / No
Do you have something you would like to discuss with us as a separate issue before or after enrolment, with our SENCO (Special Education Needs Coordinator)?	Yes / No

**Please provide an Educational Psychologist, Medical or Occupational Therapy Assessment Report(s) with this application and give a brief description of any of the above**

Is there any other information that you need to share with the school? e.g. home circumstances, incidents of trauma (Please detail on a separate sheet if necessary)	Yes / No
Has the enrolling student previously been stood down, suspended, or excluded / expelled from ANY school? If yes, please detail. (Use a separate sheet if necessary)	Yes / No

## J: Counselling

*\*Please be assured that any information you provide is treated as strictly private and confidential.*

Does the enrolling student have a medical or physical disability or a learning difficulty that may affect his / her classroom learning? Examples would be, but are not limited to, Autism, Asperger, Dyslexia, Dyspraxia, and Epilepsy

Has your child received support from a counsellor at his / her previous school?	Yes / No
Please indicate if any of the below agencies or services have been involved:	
Child Youth and Family / Oranga Tamariki?	Yes / No
Manaaki Centre (or other CAMHS - child adolescent mental health service)?	Yes / No
Private Practitioner / Psychologist / Psychiatrist / Private counsellor?	Yes / No
Other? (e.g. Te Korowai Hauora O Hauraki, CAPS Hauraki)	Yes / No
<b>Or</b> , would you prefer a confidential discussion with our counsellor?	Yes / No

## K: Medical Details

To assist us in providing the best possible care for your child in any illness or emergency, please complete the following questionnaire with as much detail as possible. While this information is strictly confidential, it may be necessary for the safety of your child and others, to inform relevant staff of medical conditions. This medical form will be filed in the School Office.

The School realises that family circumstances and a student's health may change during their schooling. It would be very much appreciated if the School is notified as soon as possible by contacting the School on (07) 868 8688 PLEASE NOTE IF YOU HAVE NOT ADVISED THAMES HIGH SCHOOL OF A CONDITION OR ILLNESS FOR WHICH YOUR SON / DAUGHTER MAY REQUIRE MEDICAL TREATMENT, WE MAY NOT BE ABLE TO PROVIDE APPROPRIATE MEDICAL SUPPORT OR ASSISTANCE.

### FOR ASTHMA SUFFERERS ONLY

Does your child have an ASTHMA ACTION PLAN?

Yes / No

If YES, please provided a copy to the School. If using preventers, the Asthma Society recommends having an Action Plan, which requires updating every 6 to 12 months. See your Doctor or Practice Nurse

## MEDICATIONS

For those students who have a medical condition and require regular medication, it is advisable to leave a supply of their labelled medication with the School Nurse e.g Epi-Pen, antihistamines for allergies, medication for migraines, insulin for diabetes or an inhaler for asthma etc. Furthermore, please contact the School Nurse to discuss these requirements and to obtain a copy of the Parental Consent form which will allow the School Nurse to administer the prescribed medication

Regular medication(s):

Allowed Panadol (Paracetamol)?

Yes / No

Allowed Ibuprofen?

Yes / No

### PERMISSION FOR ADMINISTERING MEDICATION

(e.g. Mylanta, topical creams, cough syrup, Panadol / paracetamol, Ibuprofen as needed).

In some circumstances, it is necessary for medication to be given for such things as stings/bites, abrasions, cuts, indigestion, and colds etc.

I give permission for the School to administer this treatment if necessary.

Yes / No

**Parent / Guardian Signature:**

## HEARING

Does your child have any hearing loss / impairment?

Yes / No

Is the hearing loss significant enough to affect their learning?

Yes / No

Does your child wear a hearing aid?

Yes / No

## EYESIGHT

Does your child have any sight loss / impairment?

Yes / No

Is the vision impairment significant enough to affect their learning?

Yes / No

Does your child wear corrective glasses?

Yes / No

Does your child wear contact lenses?

Yes / No

### Other details

Do you consent to your son / daughter seeing onsite nurse / doctor as required?

Yes / No

Do you consent to your son / daughter seeing onsite dentist as required?

Yes / No

**Family Doctor**

Phone Number

**Family Dentist**

Phone Number

**IN CASE OF ACCIDENT OR EMERGENCY**

In case of an accident or emergency and the School cannot contact you, or if the accident is serious, the School may:

- Transport my son / daughter to an Accident and Emergency Clinic for treatment
- Call an ambulance if hospitalisation is required
- Administer Epi-Pen, Antihistamine or any prescription medication you have labelled and supplied as the Caregiver / Guardian for your student (together with the Consent Form)
- Use our Ventolin Inhaler in an asthma emergency if own medicine is unavailable
- Use our Defibrillator in the event of a student suffering cardiac arrest.

**I give permission** for Thames High School to make such arrangements as are necessary, including those listed, in the case of an accident or emergency, for the treatment of my son / daughter and agree to meet any costs incurred.

**Parent / Guardian Signature**

**ADDITIONAL HEALTH NOTES**

Example: Medication required for sensory loss, factors that may affect the student's behaviour, or any other conditions that the School should be made aware of

**MEDICAL CONDITIONS** (PLEASE Circle or Highlight those that apply)

**Allergies.** Please clearly specify:

Asthma	Anxiety	Back / Neck Problems	Coeliac disease	Depression	Diabetes	Epilepsy
Headaches/Migraines	Heart Condition	Lactose intolerance	Travel sickness	Sleep disorder		

**Other conditions.** Please specify:

**REACTIONS** (PLEASE Circle or Highlight those that apply)

Bee or wasp stings	Hay fever	Insect bites	Latex/plasters	Sulfa	Sunlight
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**Medications.** Please specify:

**VACCINATIONS** (PLEASE Circle or Highlight those that apply)

**Please supply a copy of your child's vaccination record.**

Diphtheria	Hepatitis B	HIB	HPV
Measles	Mumps	Pertussis (Whooping cough)	Polio
Rubella	Tetanus	Varicella (Chickenpox)	Rotavirus
Pneumococcal	Meningococcal B		

**Other.** Please specify:

**Has your child completed their childhood immunisation programme?**

(If unsure, please contact your GP or Practice Nurse)

**Yes / No**



## L: Statements related to the Privacy Act, 1993

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 to 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.

### I hereby acknowledge:

- The information in this enrolment application has been provided voluntarily.
- The Board of Trustees of Thames High School is collecting the information for the purpose of providing a database of information relating to the future education, guidance, monitoring and reporting of students' progress and pastoral care. In an emergency, at the discretion of the Principal, information from the file could possibly be given to an agency such as the police or a doctor.
- The information collected may be used for a variety of statistical and research purposes, while ensuring that no individual can be identified.

## M: Student Undertaking

1. **I request** that I be enrolled at Thames High School.
2. **I agree** to abide by the Thames High School's Responsible Use / CyberSafety Agreement, outlining students' rights and responsibilities regarding the use of IT.
3. **I have read and accept** the CyberSafety Agreement, Behavioural Expectations - Our Values, Our Tikanga, and Uniform and Presentation Standards as set out in the enrolment documentation and/or website and I will always abide by these.

Student Signature:

Date:

## N: Parent / Guardian / Student Undertaking

1. **I / We declare** that all the information stated on this enrolment form is true and correct.
2. **I / We agree** that the enrolling student will abide by the School regulations, policies and procedures (available via the school website).
3. **I / We agree** to abide by the Thames High School's Responsible Use / CyberSafety Agreement, outlining students' rights and responsibilities regarding the use of IT. A copy of this agreement is included in the Enrolment Information and must be read by students / caregivers.
4. **I / We agree** to abide by the Behavioural Expectations - Our Values, Our Tikanga, and Uniform and Presentation Standards as set out in the enrolment documentation and / or website and I will always abide and/or support these.
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 / parents 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 accept** that non-uniform items and other items can be confiscated for a period of time, in line with the school policy and procedures. This includes mobile phones and any other materials or items that are banned or a distraction to learning or a risk to safety / wellbeing in the school. We understand, that from time to time these items may be reviewed and accept the judgement of the School on such matters.
8. **I / We agree** to pay contributions toward activities, college trips, sports, take home subject consumables where appropriate, co-curricular activities and events or by correspondence home.
9. **I / We give permission** for any monies paid to the school via automatic payment to be allocated to charges that are owing unless I / we instruct the school to do so.
10. **I / We hereby** undertake with the Thames High School Board of Trustees to observe the conditions and expectations as outlined in the enrolment documentation, so far as they affect me, and the student enrolled.
11. **I / We** consent to my son / daughter's photograph or schoolwork being used for publicity material (e.g. on our prospectus, website, or in displays).
12. **I / We agree** to the use (including disclosure) of information in this enrolment form and other information collected by the school by the staff of the School for any purpose related to the education and well-being of the student concerned.
13. **I / We agree to notify the School of** any changes of circumstances contained within the enrolment form, including caregiver(s), addresses, contact details, etc.

Mother / Caregiver Signature

Date:

Father / Caregiver Signature

Date:

# CHECKLIST

Please confirm that you have read the following sections in the Enrolment Information, and will keep these for your records/information:

	Behavioural Expectations - Our Values and Our Tikanga (THS R.O.L.E.S)
	Uniform and Presentation Standards
	BYOD - Bring Your Own Device
	CyberSafety Agreement

I confirm the following information will be provided with the return of my forms

	<b>Completed Enrolment Application Form</b>
	<b>Proof of Residence for the evidence of usual place of residence</b> e.g. Tenancy; current electricity bill showing the previous usage; current telephone bill; or bank statement.
	<b>For New Zealand Citizens – Birth Certificate or Passport or New Zealand Citizenship Certificate.</b> Please make colour copies of these and hand in with your Enrolment Form
	<b>For Non-New Zealand Citizens – Copies of Student's Passport with Residence Permit or Student Passport with Student Visa and Parent Passport with Work Permit</b>
	<b>A copy of your son / daughter's latest school report (2020)</b>
	<b>A copy of your son / daughter's immunisation record (available from your GP)</b>