



APPLICATION TO ENROL

*Developing Boys into fine Men*

**(Filling out of this form is NOT a confirmation of acceptance onto the school roll)**

WBHS use only S T O M B L E	Class	Whanau	Enrolment No	ENROL	NSN
	Birth Certificate/ Passport <input type="checkbox"/>	School Report <input type="checkbox"/>	Evidence of Address <input type="checkbox"/>	Visa/Residence permit (if applicable) <input type="checkbox"/>	Guardianship/Custody Order (if applicable) <input type="checkbox"/>
	Bus details				

SURNAME: \_\_\_\_\_ Preferred Surname (if different) \_\_\_\_\_

GIVEN NAMES (in full) \_\_\_\_\_ Date of Birth: \_\_\_\_\_

(UNDERLINE NAME USED)

Student's Cellphone No. \_\_\_\_\_

Start date:     /     / 20	Year Level at Entry: 9 / 10 / 11 / 12 / 13	Carruth Boarder: YES / NO
----------------------------	--	---------------------------

<b>Residential Address</b>	<b>Postal Address (please include post code):</b>

Caregiver	(1)	(2)	(3)	(4)
<b>Relationship to student:</b>				
<b>Title:</b> (Mr/Mrs/Ms/Dr)				
<b>Surname:</b>				
<b>First Name:</b>				
<b>Address:</b> <i>(if different to above)</i>				
<b>Home Phone:</b>				
<b>Work Phone:</b>				
<b>Mobile No:</b>				
<b>Email address:</b>				
<b>Place of Work:</b>				
<b>Occupation:</b>				
<b>Student lives with:</b> (please tick)				
<b>Correspondence to</b> (please tick)				
<b>Account to</b> (please tick)				

<b>Emergency Contact Name</b> (Not parent)	<b>Phone Number:</b>	<b>Relationship to Student:</b>
<b>Name(s) of sibling(s) or extended Whānau who are attending or have attended WBHS</b>		<b>Whānau group (if known)</b>
		Bledisloe Carruth Grey Hobson Marsden
		<b>Dates</b>

**NB: It is most important that you inform the school of any changes to any of the above.**

Previous School	Previous Year Level:	Contact Person:

*Please supply the following documents to support your application. (Failure to provide these may delay your application)*

- \* Copy of latest School Report    \* Copy of Birth Certificate/Passport    \* Copy of Passport & Visa (if not born in New Zealand)    \* Evidence of Address
- \* Evidence of Guardianship / Court Orders (if applicable)

**NATIONALITY / CITIZENSHIP / ETHNICITY:**

Are you a NZ citizen? Yes / No      Do you have NZ residency? Yes / No

Passport       Visa

You **must** provide a copy of passport and other documentation verifying citizenship/residency status.

Work permit       Other

1<sup>st</sup> Language spoken at home if not English:

If student is not a New Zealand citizen please state country of citizenship or Nationality

\_\_\_\_\_

\_\_\_\_\_ Any other languages spoken at home

**Please indicate below the ethnic group(s) student identifies with:**

Maori

Australian

Filipino

Japanese

NZ European

British/Irish

Cambodian

Korean

Cook Islands Maori

Dutch

Vietnamese

Other Asian

Samoan

Greek

Other Southeast Asian

Middle Eastern

Tokelauan

Polish

Chinese

Latin American

Tongan

South Slav

Indian

African

Niuean

Italian

Sri Lankan

Fijian

German

Other ethnicity

Other Pacific Peoples

Other European

Iwi Affiliation - If student is of Maori descent, please enter the name(s) of his Iwi.

**Iwi:** \_\_\_\_\_

**Rohe (Iwi home area):** \_\_\_\_\_

You may enter more than one Iwi. If you do not know the Iwi, please circle **"Don't Know"**

**Relevant Educational Information**

Has your son been identified as requiring additional support in any of the following:

Reading       Writing       Maths       Other  \_\_\_\_\_

Reason: \_\_\_\_\_

Support programmes that your child has participated in: \_\_\_\_\_

Has your child been assessed for any learning differences? Yes / No      *If yes, please provide a copy of the report.*

Has your son had any behaviour issues at his previous school? Yes / No

Has your son ever been stood down Yes / No      Suspended Yes / No      Excluded Yes / No

Additional information / concerns: \_\_\_\_\_

**Special Family Circumstances** (Solo Parent, Restricted Contact etc.) Please supply copy of court order if one is in place.

\_\_\_\_\_

**STUDENT HEALTH RECORDS**

To help us care for your child in any illness/emergency situation, could you please indicate:

Family Doctor:

Phone No:

Medical care students under 16: Permission to administer Paracetamol Y/N      Ibuprofen Y/N      Antihistamines Y/N *(please circle)*

Please list any health, allergies or medical concerns and any medication that should be kept at school

Permission for student to receive medical treatment at Te Awatea (Wellness Centre)      Y / N *(please circle)*

Please ring School Nurse (ext 797) at beginning of school year to discuss any ongoing medical issues.

Any other relevant information (e.g., Te Roopu Kimiora, The Miriam Centre)

**Please check Curriculum Guide for Option Choices:**

1.....	4.....
2.....	5.....
3.....	6.....

**Senior Students only:** Level 1 NCEA attained  Level 2 NCEA attained  (Please tick box)  
**Future goals/career aspirations:**

**STUDENT’S INTERESTS AND ABILITIES**

Academic:	Cultural/Music:	Sport:	Citizenship/Leadership:

Areas of *unusually* high ability (please list):

<b>Swimming:</b>	Can your child swim a length of a pool? Yes / No	Are they confident in the water? Yes / No
------------------	--	---

**PARENTAL INVOLVEMENT/SUPPORT**

Please complete if you or another family member would like to assist or be involved with Whangarei Boys' High School in one or more of the following areas.

<b>Name:</b>	
<b>Sports (Name Codes)</b>	YES NO
<b>Cultural (Music, Drama, Kapa Haka etc)</b>	YES NO
<b>PTA (meets 4<sup>th</sup> Wednesday of every month at 7pm)</b>	YES NO
<b>Māori Parent Hui (Kōtuku ki te Rangī) (meets once a month)</b>	YES NO
<b>Reader/Writer for Exams</b>	YES NO
<i>I give permission for my phone details to be used by PTA/Māori Parent Hui to contact me about meetings (Please circle)</i>	
	YES NO

**OUT OF SCHOOL DECLARATION**

I, \_\_\_\_\_ PRINT CAREGIVER'S NAME

give Whangarei Boys' High School permission to take my son \_\_\_\_\_ PRINT SON'S NAME

on class trips, hostel outings and other excursions within the local area of the school (other school trips will require specific permission). Any special conditions (Please clearly specify):

\_\_\_\_\_

\_\_\_\_\_

**Signature of Caregiver:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**STUDENT DECLARATION**

As a student at Whangarei Boys' High School, I will be committed to upholding the values of the school at all times:

*Whakawhanaungatanga & Manaakitanga* – respectful relationships; *Tika & Pono* – honesty & integrity;

*Maia & Aroha* – courage & compassion; *Mahi Tahi* – work hard together.

***Whakawhanaungatanga & Manaakitanga* – respectful relationships**

I will treat others how I like to be treated, and in a way that will make my whānau proud.

This means that I will use appropriate language toward staff and other students and I will not engage in bullying, being a bystander or intimidation of any sort.

I agree to wear the correct school uniform (as per Uniform Policy), with pride, every day (including to and from school) as a way to show my respect to the school and its history.

I have a responsibility to look after the school environment. To do this, I will treat the entire school and grounds with respect, ensuring it is clean and tidy.

***Tika & Pono* – honesty & integrity**

I will be honest and act with integrity. If I make a mistake I will be responsible for this and be honest in my dealings with others. This includes anything that I do in ‘real life’ and online.

When using the school internet and/or computers I agree to follow the school policies and teacher instruction. I will accept responsibility for my actions should I choose not to adhere to the rules.

***Maia & Aroha* – courage & compassion**

Whangarei Boys' High School aims to maintain a safe environment and I have an important role in this. I am responsible for my own welfare and the welfare of others. Therefore, I will not bring to school, anything that is harmful to others or myself, nor will I behave in a way that is dangerous to others.

If I see others behaving in ways that do not support WBHS school values I have a responsibility to report this behaviour.

***Mahi Tahi* – work hard together.**

I am coming to WBHS to learn. I agree to work hard and complete all work to a high standard. I am responsible for my own learning including bringing the correct equipment to every lesson (including P.E.) and completing homework.

**Consequences:**

I understand that if I break school rules, there will be consequences. This could include, but is not limited to Community Service, Stand-down or Suspension. I will accept the consequences of my actions.

I understand and agree to the student declaration.

**Student Signature:** \_\_\_\_\_

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

**PARENT/GUARDIAN DECLARATION**

In support of my son/ward’s application for enrolment at Whangarei Boys' High School, I agree to see that he adheres to the Student Declaration above and abides by school rules. This declaration also serves as parental permission for the use of ICT at Whangarei Boys' High School.

I declare that the information provided in this application is accurate and complete. I understand that if relevant information is not provided or found to be inaccurate, the student’s placement may be terminated.

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

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

**PRIVACY ACT DECLARATION**

I give my permission for the Principal of Whangarei Boys' High School, or her nominee, to obtain from previous schools and to forward to an on-going school, or any other relevant agency, information pertinent to my son's enrolment. Contact details may also be passed on to the Ministry of Education and other government ministries. I consent to the publication of information and images featuring the achievements and activities undertaken by my son. Examples of such publications include, but are not limited to, school website, newspapers, magazines, concert videos and school promotional material.

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

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

**Signature of Enrolling Officer:** \_\_\_\_\_

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

**Signature of Principal:** \_\_\_\_\_

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