



WHANGAREI BOYS' HIGH SCHOOL
CARRUTH HOUSE APPLICATION FOR ADMISSION
Filling out of this form is NOT a confirmation of acceptance into Carruth

For Carruth Office Use only

Version date 3-3-16

Interview Date	Acceptance Date / Bldg deposit paid	Start Date	Documents attached <input type="checkbox"/> Immunisations Birth Cert / Passport School Report	Guardianship/Custody Order (attach if applicable) <input type="checkbox"/>	Medical / Allergies
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SURNAME: _____ (*underline preferred surname if different*)

GIVEN NAMES (in full) _____ Date of Birth: _____
Underline preferred name

Student's Cellphone Number: _____

Year of Entry:	Previous school:	Year Level at Entry: 9 / 10 / 11 / 12 / 13		
Residential Address		Postal Address (please include post code):		
Caregiver	(1)	(2)	(3)	(4)
Relationship to student:				
Title: (Mr/Mrs/ Dr/Ms)				
Surname:				
First Name:				
Address: <i>(if different to above)</i>				
Home Phone:				
Work Phone:				
Mobile No:				
Email address:				
Place of Work:				
Occupation:				
Student lives with (please tick)				
Correspondence to (please tick)				
Account to (please tick)				

It is most important that you inform the Carruth and School office of any changes to the above.

Emergency Contact Name (if neither parent can be contacted)	Mobile phone Number:	Relationship to Student:
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Name(s) of Sibling(s) or close relatives who are attending or have attended Carruth

STUDENT HEALTH RECORDS
To help us care for your son in any illness/emergency situation, could you please indicate:

Family Doctor:	Phone No:
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Family Dentist:	Phone No:
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Please list any **medical concerns** that we should know about and **medication** that should be kept at the Hostel and administered by Staff.

Food or other allergies, and treatment

Medical treatment: In the case of accident, emergency or serious illness, if Carruth House staff cannot contact you, we may need to take your son to an Accident and Emergency clinic or to a hospital.

I give permission for access to my son's relevant medical information, both current and on-going, and for the administering of first aid by staff with first aid training. I also give permission for Carruth staff to make such arrangements as are necessary for the medical treatment of my son, and agree to meet any costs incurred.

Medical care for students under 16: Permission to administer Paracetamol as required: Yes No

Parent/ Guardian _____ **Signed** _____

Immunisations

Tdap Tetanus/Diphtheria/Pertussis (11 yrs) Hepatitis B

MMR Measles, Mumps, Rubella (4 yrs)

Please attach a copy of your immunisation record

Has your son ever had chicken pox? **Yes / No**
Circle

Are there any learning, behavioural, family or other circumstances of which we should be aware?
(attach any necessary documentation)

<p>Are you a NZ citizen? Yes / No</p> <p>You must provide a copy of passport and other documentation verifying citizenship/residency status.</p> <p>Ethnicity: _____</p>	<p>Do you have NZ residency? Yes / No</p> <p>If student is not a New Zealand citizen please state country of citizenship or Nationality</p> <p>_____</p>
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To the student: please write a short statement in your own handwriting explaining why you would like to come to Whangarei Boys' High School.

THE SCHOOL UNDERTAKES:

- To provide reasonable care and protection in its hostel for the boarder.
- To fulfil any statutory requirements prescribed in current legislation.
- To inform parents/guardians of any significant behavioural, disciplinary or safety issues that may arise.
- To inform parents of any health issues that may arise.
- To provide parents/guardians with general information through termly newsletters and specific information through twice-yearly boarding reports.
- To facilitate all reasonable communication between the boarder and his parents/guardians whether by email, telephone, letter or visit.

PARENT / CAREGIVER DECLARATION

- I agree to advance the sum of \$300 at the time of acceptance of the offer of a place at Carruth. This is a non-refundable fee to be applied to the Hostel Building Development Fund. This fund is intended to accumulate to enable capital improvements to the hostel buildings and facilities.
- I agree to pay the boarding fees due as invoiced. I understand that overdue accounts will incur a 20% interest charge per month and that any bad debts will be sent to a debt collection agency. I also understand that any charges incurred to recover the debt will be added to the account.

