



NELSON COLLEGE PREPARATORY SCHOOL

Enrolment Form

Phone: (03) 548 3099
Facsimile: (03) 546 6932
Email: pn@nelcollege.school.nz

A non-refundable application fee of \$30 must accompany this application form.
(The payment of this fee does not commit the Preparatory School to accepting the applying student)
Please make cheques payable to Nelson College.

Student Details (as on birth certificate)			
Student's Family Name: <i>Eg Smith</i>			
Student's First Name(s): <i>Eg Christopher John</i>			
Student's Preferred Name: <i>Eg Chris</i>			
Date of Birth:	____ / ____ / ____ <i>Day Month Year</i>	Proposed Year of entry:	
Student will be starting at Year Level: <i>(please circle one)</i> 7 or 8			
Mail to whom: (for official letters and invoices) <i>eg: Mr J & Mrs S Jones</i>			
Address: <small>(Include Emergency Services or Rapid number for Rural Addresses)</small>	Current Residential Address	Postal Address	
Num / Street:			
Rural Delivery:			
Suburb:			
Town:			
Postcode:			
An Ethnic Group is required by the Ministry of Education for statistical purposes. Please tick one or more.			
<input type="checkbox"/> NZ European / Pakeha <input type="checkbox"/> Maori Rohe: _____ Iwi: _____ (If you do not know the name of your Iwi, please tick) <input type="checkbox"/> do not know <input type="checkbox"/> Other: (please state): _____			
Present or last school			

Confirmation of Residency

The Preparatory School is required to confirm the residency of all students. Please confirm the student named on this application for enrolment (please tick **one** box):-

- Has previously attended a NZ school (please attach copy of birth certificate)
- or**
- Is a NZ Citizen or Resident (please attach either NZ Birth Certificate or Residency document(s))
- or**
- Is an Australian citizen (please attach evidence of citizenship)
- or**
- Is **not** a Citizen or Resident of NZ nor a Citizen of Australia

Country of Citizenship: _____ First Language (spoken at home): _____

Caregiver Details

Relationship to Student eg Mother _____ Mrs / Ms / Miss / Dr (please circle one)

Family Name: _____ First Names: _____

Address: _____

_____ Post Code: _____

Postal Address: (if different from the above): _____

_____ Post Code: _____

Phone: Home: () _____ Work: () _____ Cellphone: _____

Email: _____

Occupation: _____

I wish to receive School Information (eg reports, newsletters): Yes or No (circle one)

Relationship to Student eg Father _____ Mr / Dr (please circle one)

Family Name: _____ First Names: _____

Address: _____

_____ Post Code: _____

Postal address (if different from the above): _____

_____ Post Code: _____

Phone: Home: () _____ Work: () _____ Cellphone: _____

Email: _____

Occupation: _____

I wish to receive School Information (eg reports, newsletters) Yes or No (circle one)

If parents are separated at which address does the student normally reside: Mother/Guardian Father/Guardian

Emergency Contact: Relationship to Student (eg grandparent/neighbour/friend): _____

Family Name: _____ First Name: _____

Phone: Home: () _____ Work: () _____ Cellphone: _____

If you have further Caregiver/Guardian details, please complete this panel

Relationship to Student _____ Mr / Mrs / Ms / Miss/Dr

Family Name: _____ First Name: _____

Address: _____

_____ Post Code: _____

Phone: Home: () _____ Work: () _____ Cellphone: _____

Email: _____

To receive School Information (eg reports, newsletters) Yes or No (circle one)

Payment of accounts – Please indicate who will be responsible for the payment of school accounts

Name: _____

Siblings at Preparatory School and/or Nelson College

Does the student have any siblings at the Preparatory School or Nelson College? Please list their names below.
(Siblings include brothers, stepbrothers, and any children of 'blended' families).

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Any other family links to the school? _____

Transport to School

Will you travel to Preparatory School by bus? Yes No

If yes, which bus? City boundary Motueka (inland) Motueka (Coastal) Hira The Glen Tui Glen

Dodson Valley Rai Valley Richmond Mapua Brightwater Wakefield Other _____

Medical Details

Student's Doctor: _____ Phone number: _____

Current Dentist: _____

Medical Treatment

Parents/Caregivers enrolling a student at Nelson College Preparatory School give permission for the administration of first aid by staff with first aid training. Nelson College Preparatory School will give non-prescribed medication (according to the dosages specified) in emergency situations only.

A register is kept of the medication and treatment given. Students who require non-prescription medication on a semi-regular basis are encouraged to provide their own supply which will be held in the Preparatory School Office for their use only.

Medication

Do you require the Preparatory School to hold and/or administer medication for your student? Yes No

If 'Yes' the Preparatory School will make contact to confirm details and complete the necessary consent form/s

Please provide details of the medication.

Medical Conditions

Please list any medical issues of which the school should be aware.

Condition <i>eg. Asthma</i>	Treatment <i>eg. carries own inhaler (self controlling)</i>

Describe any special circumstances (eg health related or family circumstances) that may affect class work, learning ability, participation in sports and/or cultural activities:

Student Details

Subjects of particular interest to the student: _____

Has the student received any special needs teaching hours? (eg. Accelerate or Remedial tuition) Yes No

If yes, please specify: _____

What activities is the student involved in outside of school? (eg. sports, art, drama, cultural, leadership)

Any special achievements? _____

Declaration

Nelson College Preparatory School requires that the following undertakings be agreed to by the parent/s or legal guardian on behalf of themselves and the enrolling student.

The information on the previous pages is correct and complete.

- I will advise the Preparatory School of any subsequent change to this information.

- I am aware that there are costs associated with a number of Preparatory School activities. I undertake to pay these costs before the activity takes place, unless I have made other arrangements with the school.

- I give permission for my/our son to participate in activities which may necessitate his leaving the Preparatory School grounds. My/our son understands that on such occasions he must take reasonable caution for his own safety and the safety of others.

- I/We agree to abide by the school rules, uniform regulations and school procedures.

- For the purposes of the Privacy Act 1993, I hereby acknowledge and understand that:-
 - This information has been provided voluntarily and I/We had a choice as to whether to complete all parts of the form or not.
 - I/We consent to the information in this application to Nelson College Preparatory School being made available to the Ministry of Education, NZ Qualifications Authority and relevant institutions for advancement of my son's education, and other agencies where disclosure is required for the maintenance of law and order.
 - The student's work and/or photograph may appear in school publications and unless advised otherwise, it is understood that the school has consent to the publication of work and/or photographs of the student that may appear in such school publications including newsletters, prospectus, magazine and advertising material.
 - The school may disclose names, addresses and telephone numbers to the Parent Teacher Association.

Name of Parent/Legal Guardian: _____

Signature of Parent/Legal Guardian: _____

Date: ___ / ___ / ___

Signature of Student: _____

Date: ___ / ___ / ___

**PLEASE RETURN THIS FORM WITH THE ENROLMENT FEE OF \$30
AND A COPY OF THE BIRTH CERTIFICATE TO:**

HEAD TEACHER
NELSON COLLEGE PREPARATORY SCHOOL
PRIVATE BAG 16
NELSON, NEW ZEALAND

Telephone: (03) 548 3099 ext 828, Fax: (03) 546 6932, E-mail: pn@nelcollege.school.nz
www.nelcollege.school.nz

