

# Application for Enrolment @ CSC

Family Name ..... First Names .....

Preferred Name ..... Siblings at CSC .....

Date of Birth ...../...../..... Gender (*Circle*) Male / Female

Current School ..... Starting Date at CSC .....

NSN (*If known*) ..... Starting Year Level at CSC .....

Status: Regular Student  Fee Paying  Special Education Agreement

Birth Certificate attached  Passport  Student Visa

Ethnicity (*Please Circle*) NZ European NZ Maori Other .....

If Maori, please specify Iwi affiliations .....

NZ Citizen  If not, state date of arrival in NZ ...../...../.....

Medical Details: (*List any medical problems and information the school should be aware of*)

.....

Doctor ..... Phone No. ....

Other information: e.g. Interests/Pastoral/Preferred Subjects

.....

.....

Bus Route .....

## Caregiver 1

Mrs/Ms/Miss/Mr ..... (Family Name)

..... (First Names)

Relationship to student ..... Living with Caregiver 1: Y/N

Physical Address (*Rapid No.*) ..... Home Phone .....

..... Mobile Phone .....

Postal Address (*if different*) ..... Work Phone .....

.....Postcode: ..... Home Email .....

Occupation .....

Legal Guardian  Invoices  Reports  Access Rights  **Newsletter:** Hard copy  Email

## Caregiver 2 Mrs/Ms/Miss/Mr ..... (Family Name)

..... (First Names)

Relationship to student ..... Living with Caregiver 2: Y/N

Physical Address (*Rapid No.*) ..... Home Phone .....

..... Mobile Phone .....

Postal Address (*if different*) ..... Work Phone .....

.....Postcode: ..... Home Email .....

Occupation .....

Legal Guardian  Invoices  Reports  Access Rights  **Newsletter:** Hard copy  Email



Emergency contact - In the event that Caregiver 1 or 2 cannot be contacted

Mrs/Ms/Miss/Mr ..... (Family Name)

..... (First Names)

Relationship to student ..... Home Phone .....

Work Phone ..... Mobile Phone .....

Non-Residential Parent *(if applicable)*

Mrs/Ms/Miss/Mr ..... (Family Name)

..... (First Names)

Relationship to student ..... Home Phone .....

Postal Address ..... Mobile Phone .....

..... Work Phone .....

Home Email .....

Legal Guardian  Invoices  Reports  Access Rights  Newsletter: Hard copy  Email

### Confidentiality

I agree to images of my child, or examples of his/her work, in the context of school activities, being used for promotional purposes. Yes  No

*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.*

### Parent / Caregiver Verification:

The information above is true and correct. I undertake to advise the school of any change in circumstances so that accuracy and contacts may be maintained.

I have included a copy of a Birth Certificate and/or Passport and Student Visa (if applicable) with this application.

Application for enrolment indicates student's and caregivers' acceptance of, and support for, our school values and rules as outlined in the Information Booklet (also available on the school website).

Signed ..... (Parent/Caregiver) Dated .... / ..... / .....

Signed ..... (Student)

### For Office Use Only:

Class ..... Enrolment # ..... / .....

NSN ..... Date Enrolled ..... / ..... / .....

Start Date ..... / ..... / ..... ENROL Data: .....