



ASHBURTON COLLEGE ENROLMENT FORM

- Individual Excellence in a Supportive Learning Environment -

Privacy Act: The information collected by Ashburton College will only be used in terms of the Privacy Act (1993) and the Ashburton College "Privacy of Information Policy"

FOR COLLEGE USE ONLY

Form/Class: _____ Enrol:

Completed by: _____ Enrol No.: _____

Date starting: ____/____/____

Birth Cert / Passport / Citizen / Residency / Visa / Enrol

Student Details (one form per pupil)

Legal Name: (Ministry Requirement: a copy of a birth certificate/passport must be attached)			Family Name	First Names
Preferred Name:			Student Cellphone:	
Date of Birth:	Gender:	Male / Female		Full Time / Part Time
First Language:	Second Language:	Other Languages spoken:		

Ethnicity (Cultural Identification with a particular group. Multiple ethnicities may be selected—tick up to three boxes)

<input type="checkbox"/> NZ European	<input type="checkbox"/> Fijian	<input type="checkbox"/> Middle Eastern	<input type="checkbox"/> Other Asian
<input type="checkbox"/> NZ Maori *	<input type="checkbox"/> Filipino	<input type="checkbox"/> Niuean	<input type="checkbox"/> Other South East Asian
<input type="checkbox"/> Cook Island Maori	<input type="checkbox"/> German	<input type="checkbox"/> Polish	<input type="checkbox"/> Other Pacific Peoples
<input type="checkbox"/> African	<input type="checkbox"/> Greek	<input type="checkbox"/> Samoan	<input type="checkbox"/> Other European
<input type="checkbox"/> Australian	<input type="checkbox"/> Indian	<input type="checkbox"/> South Slav	<input type="checkbox"/> Other Ethnicity
<input type="checkbox"/> British / Irish	<input type="checkbox"/> Italian	<input type="checkbox"/> Sri Lankan	
<input type="checkbox"/> Cambodian	<input type="checkbox"/> Japanese	<input type="checkbox"/> Tokelauan	
<input type="checkbox"/> Chinese	<input type="checkbox"/> Korean	<input type="checkbox"/> Tongan	
<input type="checkbox"/> Dutch	<input type="checkbox"/> Latin American	<input type="checkbox"/> Vietnamese	

For 'Other Ethnicity' please specify: _____

*NZ Maori—(may list up to three Iwi affiliations): _____

As shown on the enclosed **birth certificate** or **passport**, the student is a citizen of: _____

If **NOT** a citizen of New Zealand or Australia please tick, complete below and enclose photocopies of permits.

Student has a **Student Visa** with expiry date: _____ Date entered NZ: _____

Parent has a **NZ Work Permit** with expiry date: _____

Student has a **NZ Residence Permit**

Please indicate any brothers or sisters currently at Ashburton College

Name: _____ DOB: _____ Name: _____ DOB: _____

Main Caregivers (where student lives most of the time)

Note: Further room for parent details of students living 50% of the time in each household or parents the student does not live with can be noted on page 2)

Name:	Name:
Title: Mr / Mrs / Miss / Ms / Dr	Title: Mr / Mrs / Miss / Ms / Dr
Relationship:	Relationship:
Cell Phone:	Cell Phone:
Email:	Email:
Workplace:	Workplace:
Occupation:	Occupation:
Work Phone:	Work Phone:
Legal Guardian: Yes / No	Legal Guardian: Yes / No

Address

Number / Street	
Rural Delivery	
Town / Postcode	Home Phone:

Parent (s) student does not live with or		If 50% shared living arrangement please tick <input type="checkbox"/>	
Name:		Name:	
Title: Mr / Mrs / Miss / Ms / Dr		Title: Mr / Mrs / Miss / Ms / Dr	
Relationship:		Relationship:	
Home Phone :		Home Phone :	
Cell Phone:		Cell Phone:	
Email:		Email:	
Address		Address	
Number / Street		Number / Street	
Rural Delivery		Rural Delivery	
Town / Postcode		Town / Postcode	
Workplace:		Workplace:	
Occupation:		Occupation:	
Work Phone:		Work Phone:	
Legal Guardian: Yes / No Receive Reports: Yes / No		Legal Guardian: Yes / No Receive Reports: Yes / No	

Emergency Contact (other than main caregivers)		
Name:		Address
Title:	Number / Street	
Relationship:	Rural Delivery	
Home Phone:	Town / Postcode	
Cell Phone:	Work Phone:	

Student's Health Record	
Doctor:	Surgery Phone number:
Dentist:	Surgery Phone Number:

Has the student ever suffered from:		Medication Required: Can be stored at College. <small>Completion of a separate form is required if medication is to be given at College)</small>	
Medical Condition	(circle one)	Degree (circle one)	Medication at College
Asthma	Yes / No	Severe / Moderate / Mild	Yes / No
ADD/ADHD	Yes / No	Severe / Moderate / Mild	Yes / No
Diabetes	Yes / No	Severe / Moderate / Mild	Yes / No
Epilepsy	Yes / No	Severe / Moderate / Mild	Yes / No
Migraine	Yes / No	Severe / Moderate / Mild	Yes / No
Allergies—Stings, Food, Medication, Other <small>(Please specify)</small>	Yes / No	Severe / Moderate / Mild	Yes / No
Any other medical condition or disability? <small>(Please specify)</small>	Yes / No	Severe / Moderate / Mild	Yes / No

In Case of Illness, Accident or Emergency	
I give permission for my child to receive non prescription medicines such as Panadol, when necessary, from a Staff Member who holds a current First Aid Certificate.	Yes / No (circle one)
If a serious accident or medical event occurs the College will call an ambulance and then make contact with the parent or caregiver. If an ambulance is not deemed necessary, but the student needs to see a Doctor and we are unable to make contact with anyone, a staff member will take them to the doctor to be checked out. There may be costs associated.	

School the student is currently attending (or last attended)

Name of School: _____ Year Level _____

Entry level to Ashburton College: (circle one) Year 9 Year 10 Year 11 Year 12 Year 13

Declaration

Agreement for Use of Images / Written Publications

During the year students' photographs and work may be on the College Website, in College newsletters or in commercially produced brochures.

Please sign below to indicate you give permission for your son's/ daughter's photograph and/or work to be used for these purposes.

Permission for Education Outside the Classroom

The Education Outside the Classroom procedures require that we ask you for blanket written permission for your son/ daughter to participate in

Level 1 - activities on site in the College grounds and

Level 2 - off site visits in the local community within the College day.

You will still be given an information sheet (eg: costs, dates) by the Teacher in Charge and you still have the right to withdraw your permission at any time by contacting the Teacher in Charge.

Full written permission is still required for each individual event where the risk is deemed greater than Level 2.

eg: skiing, rock climbing, overnight stays and the use of private transport. Teachers in charge will complete Risk Analysis Management procedures for these events.

Privacy Statement

Ashburton College collects the information on this form to:

- » enrol your child at College
- » assess the educational needs of your child
- » ensure we get the correct resources from the Ministry of Education for your child.

Ashburton College collects and uses your child's information in accordance with the Privacy Act. We send some of your child's information to the Ministry of Education and other education and health agencies. The College will not provide your child's information to any other people or organisations without your authorisation, unless needed by law.

Youth Service

The Ministry of Education shares your address and phone number information with the Ministry of Social Development (MSD) as part of the Youth Service initiative. Youth Service identifies young people who may have difficulty finding future employment, training or further education. Youth Service uses the contact information to find these young people and support them into education or training when they leave school.

Financial please tick

- I/We agree to pay any reasonable costs that the College may incur from loss or damage to College resources or property.
- I/We agree to pay for costs relating to activities or events that enhance, but are not essential to teaching the curriculum. I understand that I/we will be advised before the activity or event occurs.
- I/We agree to meet the material costs for the 'take home' component in the Art and Technology related subjects.

General

I consent to the information in this application:

- being available within the College for the purpose of improving learning and pastoral care and ensuring personal safety.
- I/We agree that my/our son/daughter shall observe all of the rules and regulations that the College may from time to time publish.
- I/We understand that there is a requirement to attend all classes unless a justified reason is supplied by the parent/caregiver, which may need to include a medical certificate.
- I/We acknowledge the agreement for the use of digital technology and acknowledge that any ICT equipment brought to College is the students responsibility.
- You have the right to request access and to request correction of information held about you by the College. We would be grateful if you could contact the College office if any details need to be changed, especially contact details.
- I/We declare that the information I/we have entered on this form is true and correct.

Parent /Caregiver Signature: _____ **Date:** _____

- I agree to comply with the College rules and regulations - including attendance, wearing the uniform correctly as outlined in the College Prospectus or website and completing all classwork including homework.

I will follow the 'Ashcoll Values' to Achieve Quality, Show Pride and Have Respect at Ashburton College

Student Signature: _____ **Date:** _____

Special Education

Is this student Special Education (ORRS) funded?	Yes / No	(circle one)	
Has student had a Learning Disability assessment?	Yes / No	(circle one)	If YES please attach
Has the student had RTLB support	Yes / No	(circle one)	copy of report.

Academic Interests and Achievements of the student , including extra or extension courses

Sporting and Cultural Interests of the student:

Other - Any other information the college should be aware of: (eg: access rights/ non contact matters.)

College Volunteers.

<p>We appreciate help from parents / caregivers for a variety of activities. Under the Vulnerable Children's Act all volunteers need to be police checked. Would you like to be put in our Volunteers database and be prepared to be police checked for —</p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/> (please tick)</p>	<p><input type="checkbox"/> Curriculum Support <input type="checkbox"/> Reader / Writer <input type="checkbox"/> Sports <input type="checkbox"/> Cultural / Arts <input type="checkbox"/> Fundraising <input type="checkbox"/> Canteen</p> <p>(Please tick one or more boxes)</p> <p>Name of Helper/s: _____</p>
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Subject option choices —Year 10 and above— FOR COLLEGE USE only

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