



CAMBRIDGE HIGH SCHOOL

Swayne Road, Private Bag 882 Cambridge
Telephone: (07) 827 5415, Fax: (07) 827 5598
Email: learn@camhigh.school.nz

ID NUMBER (office use)

ENROLMENT FORM

CHECKLIST (enrolling staff member to complete)

Filled in by
(teacher code)

Present Year Level : Enrolling Into Year : Form Group :
New Zealand Citizen / Permanent Resident : Yes No Birth Certificate and/or Passport Enclosed : Yes No
Conditions Applying (if any):

SURNAME	FIRST NAMES	PREFERRED NAME
----------------	--------------------	-----------------------

BIRTHDATE	GENDER	BUS ROUTE	ENTRY DATE / /	PREVIOUS SCHOOL
------------------	---------------	------------------	--------------------------	------------------------

COUNTRY OF BIRTH	ETHNIC GROUP	MAIN LANGUAGE SPOKEN AT HOME
-------------------------	---------------------	-------------------------------------

STUDENT'S HOME ADDRESS Street: Suburb: Town: Phone: () Email :	EMERGENCY CONTACT: (other than family) Name: Phone: () Relationship to Student:
---	--

MOTHER/CAREGIVER (at Student's Address) Relationship: Surname: First Name: Occupation: Works at: Phone Day: A/H: Mobile : Email:.....
--

FATHER/CAREGIVER (at Student's Address) Relationship: Surname: First Name: Occupation: Works at: Phone Day: A/H: Mobile : Email:.....
--

IWI/HAPU If the student is of New Zealand Maori descent, please enter the name(s) of his/her Iwi/hapu. If you do not know the Iwi/hapu, please enter 'Don't Know'. Iwi/hapu: Rohe (Iwi/hapu home area):	Iwi/hapu: Rohe (Iwi/hapu home area):
---	--

NAMES OF FAMILY at Cambridge High School-Brothers/Sisters House Group: House Group: House Group:
--

STUDENT'S NAME:..... YEAR:.....

ACADEMIC INFORMATION

	Yes	No	
Copy of student's latest school report enclosed (optional)	<input type="checkbox"/>	<input type="checkbox"/>	
Copies of other certificates of academic achievement enclosed (optional)	<input type="checkbox"/>	<input type="checkbox"/>	
Does your child wish to be considered for a place in the "Gifted and Talented" programme?	<input type="checkbox"/>	<input type="checkbox"/>	
If Yes, please identify the area/s in which you consider your child to have <u>unusually</u> high ability :			
Reading <input type="checkbox"/>	Writing <input type="checkbox"/>	Oral Language <input type="checkbox"/>	Mathematics <input type="checkbox"/>
Science <input type="checkbox"/>	Social Science <input type="checkbox"/>	Sport <input type="checkbox"/>	Dance / Drama <input type="checkbox"/>
Art <input type="checkbox"/>	Languages <input type="checkbox"/>	Cultural Knowledge <input type="checkbox"/>	Music <input type="checkbox"/>
Other (please describe)			
.....			

Does your child have a special need or require special learning support. Please list eg. (ADHD, ADD, ODD, Bi Polar, Dyslexia, Autism, Hearing, Sight, etc). Yes No

If Yes, please identify :

.....

Have they received specialist support eg. Speld assessment/tutoring, RTLB, GSE, Counselling, Child and Adolescent Health Services, ORRS Yes No

If Yes, please identify :

.....

OPTION CHOICES - For the Year you are enrolling into, please indicate your Option Choices

Year 9 – not required
Year 10 – 3 options and 1 reserve
Year 11 – English, Mathematics, Physical Education and 3 Options
Year 12 – English, Physical Education and 4 Options
Year 13 – Physical Education and 5 Options

_____ Option 1 _____ Option 2 _____ Option 3

_____ Option 4 _____ Option 5

CO-CURRICULAR / OTHER INTERESTS AND PERSONAL ASPIRATIONS

One of the guiding principles of the school is the active participation of all students in co-curricular activities:

Sport and / or cultural activity in which my son/daughter will participate:.....
(specify one major activity only as listed in the prospectus)

Sport and / or cultural activity in which my child also wishes to participate:

(you may specify as many as you like from the list in the prospectus)

Other personal interests and personal aspirations: (List)

Copies of certificates of personal achievement enclosed (Optional) Yes No

STUDENT'S NAME:..... YEAR:.....

MEDICAL INFORMATION

Doctor: Dentist:

Medical History: Please tick the boxes below if your son/daughter suffers any of the following medical conditions or allergies:

- | | | | | |
|---------------------------------------|-------------------------------------|-------------------------------------|-----------------------------------|---------------------------------------|
| <input type="checkbox"/> Anaesthetics | <input type="checkbox"/> Aspirin | <input type="checkbox"/> Bee Stings | <input type="checkbox"/> Codeine | <input type="checkbox"/> Food Allergy |
| <input type="checkbox"/> Insect Bites | <input type="checkbox"/> Penicillin | <input type="checkbox"/> Sulphur | <input type="checkbox"/> Sunlight | |

Other:

Medication required:

.....
.....

Other medical condition or disability:

.....
.....

HEALTH STATEMENT

All students should have completed their Childhood Immunisation Programme before commencing secondary school. Has your son/daughter had the following vaccinations: Tick box if YES.

- | | | | |
|-------------------------------------|--------------------------------------|--|------------------------------|
| <input type="checkbox"/> Flu | <input type="checkbox"/> Hepatitis B | <input type="checkbox"/> Meningococcal B | <input type="checkbox"/> MMR |
| <input type="checkbox"/> Polio Sips | <input type="checkbox"/> TB | <input type="checkbox"/> Tetanus | |

Please give details if your child is on permanent medication or is having medical treatment.

Permanent medication:

Medical treatment:

Is there any reason why your child may not be able to take a full and active part in the school programme (eg. Physical Education)? Yes No

If Yes, please provide details:.....

Is there anything of importance about your child's health not covered above which may be of value to the School Nurse?

Please provide details:.....

Does the student have a physical condition that might affect classroom learning eg. hearing loss, need for glasses, motor skills loss etc? If Yes, please explain

.....

I am aware that the school has a doctor service on site. Yes

STUDENT'S NAME:..... YEAR:.....

PRIVACY OF INFORMATION

I agree to Cambridge High School collecting personal information on:

Full name of student:.....

Cambridge High School has advised me that the information I provide will be used for:

Student records for Ministry of Education purposes, accounting purposes of the Cambridge High School Board of Trustees, communication with Alumni Association, NZ Qualifications Authority (NZQA) and Special Education Services (SES).

I accept that this information may later be used for educational and pastoral care needs as well as statistical and/or research purposes and agree to its use for that purpose, provided that if the information is published in any way it will not identify me or the individual concerned. I understand that the information that I provide will be held at the offices of Cambridge High School at 25 Swayne Road, Cambridge, New Zealand. I am aware of the rights of access to and correction of this information.

Signed:.....

Student

Signed:.....

Parent/Guardian

SPECIAL NOTES

e.g. If the student does not live with parents please give their name/s and address/es. If an Exchange Student please add the name of your exchange scheme, e.g. YFU

.....
.....

Copy of Passport or Birth Certificate is attached :

Passport Yes No
Birth Certificate Yes No

Has the student ever been suspended or excluded from school? Yes No

Has the student been stood-down from school this year Yes No If Yes – numbers of days:.....

DECLARATION

I/We agree that the above named student will abide by the rules and regulations of Cambridge High School as laid down in the uniform and discipline policy statements. I/We declare that the information on this form is true and correct. I/We authorise information to be collected, used and disclosed by the school for education and administrative purposes.

IN CASE OF AN ACCIDENT OR EMERGENCY

When the school cannot contact you, or the illness is serious, the school nurse may need to take your son/daughter to an Accident and Emergency Clinic. If hospitalisation is required an ambulance may need to be called. I give permission for the school to make the necessary arrangements for the treatment of my son/daughter in an emergency and agree to meet any costs incurred.

Signature of Mother/Caregiver:.....

Signature of Father/Caregiver:.....

Signature of Student:.....

Date:...../...../.....

All enrolments are provisional until signed by the Principal of Cambridge High School.

Principal:.....

Date:.....