

LYNFIELD COLLEGE: ENROLMENT



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SCHOOL USE ONLY

Please leave this section blank

Family Name: First Name:

Enrolled by: On (date): Start:

Year Level: Form: PNU / PCF

Leaving Date: Destination: Leaving Form: Y / N

Home Zone Out of Zone (Category:)

Justification of Category:

Address: Confirmation form Verification Document: ID:

Copy of Birth Certificate or Passport / Visa

NCEA student transferring:

Date of birth checked

NSN:

Copy of last school Report

Current Year NCEA results from previous school

Option Sheet completed

NZQA Record of Achievement

ID Photo

MMR booster vaccination certificate

Contact person at last school attended/notes:

Affix passport photo
here

STUDENT DETAILS

Name as on Birth Certificate/Passport

Family Name:

First Name:

Middle Name(s):

Preferred Names

Family Name:

First Name:

Preferred First Name is the name the student is generally known by.
Official documents will carry the Birth Certificate/Passport name.

Date of Birth:

Gender: Male Female

Address:

.....

..... Home Phone:

Student's Mobile Phone: Student's email:

Last school attended: NZ Overseas:

Previous school:

NB: Complete all that apply (may be more than one).

New Zealand Citizen: IF NOT BORN IN NZ, state country of birth and FIRST NZ ENTRY DATE:

Permanent Resident: PR Date: NZ Entry Date: Country:

Other Citizenship: Country: NZ Entry Date:

Work Permit or Study Visa: Date Permit/Visa Expires:

Passport Number: Visa/Permit/PR Number:

Refugee Status. Please note the applicant's previous schooling below:

Year started schooling: Uninterrupted schooling Interrupted schooling

No formal schooling beyond home Refugee camp schooling prior to NZ for Years

Other:

Is English your first language: Yes No Language usually spoken at home:

Ethnic Group (required for Ministry returns). Please indicate as many as are relevant.

NZ European NZ Maori Iwi:

Indian Pacific Islands (specify):

Chinese Other Asian (specify):

Other European (specify): Other (specify):

In the past three years this student has received assistance from support services: Yes (detail below) No

GSE RTLB ORRS ESOL TYLA CYFS

Learning Support or Teacher Aide Other:

Contact Person:

In the past three years this student has been identified as Gifted and Talented (enrichment programme). Yes No

Programme:

Please note below any other issues likely to impact on the student's successful mainstream placement. None

Please note below any current Custody issues or Court Orders affecting this student. None

Brothers/sisters: Currently attending Lynfield College Also applying for enrolment

Names and Year Levels:

PARENT / CAREGIVER DETAILS

Primary Caregiver (who the student lives with): Both Mother Father Other:

Special contact details (if any):

Parent/Caregiver: Mother Father Other:

Name:

Address:

.....

.....

Occupation:

Phone: Home: Work: Mobile:

Fax: Home: Work:

Email:

Reports and other official school communications will be sent to this Caregiver.

Newsletters will be sent to this email address. A home email is preferred as many businesses block our multi-person mailouts as spam.

Parent/Caregiver: Mother Father Other:

Name:

Address:

.....

.....

Occupation:

Phone: Home: Work: Mobile:

Fax: Home: Work:

Email:

Duplicate reports and other official school communications may be sent to this Caregiver if living at a different address.

A home email is preferred as many businesses block our multi-person mailouts as spam.

EMERGENCY CONTACT

Other emergency contact person: Home Phone:

(Not living with student)

Relationship to student: Mobile:

MEDICAL DETAILS

Doctor: Medical Centre: Phone:

Dentist: Dental Centre: Phone:

Please indicate if your child suffers from any of the following:

Seizures Migraines Asthma Heart condition Sensory Loss Diabetes

Allergies: Approximate date of last TETANUS injection:

Allowed Ibuprofen: Yes No Allowed Panadol: Yes No

MMR Vaccination CERTIFICATE PROVIDED (Measles, Mumps, Rubella): Yes No

Other medical conditions/disorders:

Details of / management of / medication for medical conditions/disorders:

.....

Has the student seen a Medical Specialist or been in hospital in the last two years? Yes No

Details:

.....

AGREEMENTS

If you have any concerns about the agreements below, please discuss them at the time of enrolment.

I agree that: (Name of student)

- Will abide by the Behaviour Expectations and Responsibilities of the College contained in the Prospectus.
- Will abide by the Rules and Code of Conduct, the e-Learning Agreement and Taking Responsibility for Safety as contained in the Enrolment Guide.
- Will wear the full, correct uniform on the way to and from school, as well as at school.
- Will have, at home, every encouragement and assistance in completing homework to a satisfactory standard.
- May receive, from the school Nurse, over-the-counter medicines for minor ailments.
- May participate in low risk, offsite learning activities approved by the Principal.

I agree that Lynfield College may use the student's image in its print and digital publications.

Confidentiality and Privacy

In terms of the Privacy Act 1993, I consent to providing personal information to Lynfield College. I understand that this information will be used for purposes relating to my child's education and for Ministry of Education statistical returns. At the discretion of the Principal under Sections 76 and 77 of the Education Act 1989, this information may be shared with other groups under special circumstances. Contact details on this form are also required by law to be forwarded to the Ministry of Social Development for the purpose of ensuring young people are engaged in education or training.

Declaration

I hereby declare that the information provided by me on this enrolment application is true and correct. I understand that failure to disclose requested information may result in the enrolment being cancelled.

Signatures: Parent/Guardian: Student: Date: