



# Lynfield College Enrolment Form

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HERE

191 White Swan Road, Mt Roskill, Auckland 1041, T. (09) 627 0600, E. admin@lynfield.school.nz, www.lynfield.school.nz

## Student Details

### LEGAL NAME AS ON BIRTH CERTIFICATE / PASSPORT

Family Name: \_\_\_\_\_

First Name: \_\_\_\_\_

Middle Name/s: \_\_\_\_\_

### PREFERRED NAMES

Family Name: \_\_\_\_\_

First Name: \_\_\_\_\_

*Please Note: Preferred First Name is the name by which the student is usually known. All Official documents will use the Birth Certificate/Passport name.*

Date of Birth: \_\_\_\_\_

Gender:  Male  Female  Prefer not to answer

Address: \_\_\_\_\_

Postcode: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Student's Mobile Phone: \_\_\_\_\_

Student's Email: \_\_\_\_\_

Last School Attended: \_\_\_\_\_  NZ  Overseas

Previous School Attended: \_\_\_\_\_  NZ  Overseas

## Citizenship / Residency *Please indicate as many as are relevant (Required for Ministry of Education Returns)*

### PLEASE TICK AND COMPLETE ALL OF THE FOLLOWING THAT APPLY

New Zealand Citizen:

IF NOT BORN IN NEW ZEALAND state country of birth: \_\_\_\_\_ NZ Entry Date: \_\_\_\_\_

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

Other Citizenship: Country: \_\_\_\_\_ NZ Entry Date: \_\_\_\_\_

Work Permit or Study Visa: Passport Number: \_\_\_\_\_

Permit/Visa/PR Number: \_\_\_\_\_ Date Permit or Visa Expires: \_\_\_\_\_

Refugee Status: Please state the student's previous schooling:

Year student started at school: \_\_\_\_\_  Uninterrupted schooling  Interrupted schooling

No formal schooling beyond home  Refugee camp schooling prior to New Zealand for \_\_\_\_\_ years

Other: \_\_\_\_\_

## Language

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

**Ethnicity** Please indicate as many as are relevant (Required for Ministry of Education Returns)

- NZ European  NZ Māori Iwi: \_\_\_\_\_
- Indian  Pacific (specify): \_\_\_\_\_
- Chinese  Other Asian (specify): \_\_\_\_\_
- Other European (specify): \_\_\_\_\_  Other (specify): \_\_\_\_\_

**Student Support**

- In the past two years has this student received assistance from support services?  Yes (details below)  No
- GSE  RTLB  ORRS  ESOL  TYLA  CYFS
- Learning Support or Teacher Aide: Contact Person: \_\_\_\_\_
- Other: \_\_\_\_\_

- In the past two years has this student been identified as gifted and talented (enrichment programme)?  Yes  No
- Programme: \_\_\_\_\_

- Are there any other issues likely to impact on the student's successful mainstream placement?  Yes (detail below)  No
- \_\_\_\_\_
- \_\_\_\_\_

- Are there any current Custody issues or Court Orders related to this student?  Yes (detail below)  No
- Details: \_\_\_\_\_

- BROTHERS AND SISTERS**  Currently attending Lynfield College  Also applying for enrolment
- Names and Year Levels: \_\_\_\_\_

**Medical Details**

Doctor: \_\_\_\_\_ Medical Centre: \_\_\_\_\_ Phone: \_\_\_\_\_

Dentist: \_\_\_\_\_ Dental Centre: \_\_\_\_\_ Phone: \_\_\_\_\_

Please indicate if the student has any of the following:

- Seizures  Migraines  Asthma  Heart Condition  Sensory Loss  Diabetes
- Allergies: \_\_\_\_\_

Allowed Panadol:  Yes  No Allowed Ibuprofen:  Yes  No

Other Medical Conditions/Disorders: \_\_\_\_\_

Details of management or medication for medical condition/disorders: \_\_\_\_\_

\_\_\_\_\_

MMR Vaccination (Measles, Mumps, Rubella) Certificate:  Yes  No Date of last Tetanus injection: \_\_\_\_\_

Has the student seen a medical specialist or been in hospital in the last two years?  Yes  No

Details: \_\_\_\_\_

## Primary Caregiver

### WHO DOES THE STUDENT LIVE WITH?

Both Parents     Mother     Father     Other: \_\_\_\_\_

Special Contact Details (if any): \_\_\_\_\_

## Parent / Caregiver 1

**PLEASE NOTE:** Reports and other official school communications will be sent to this caregiver

Mother     Father     Other: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Postcode: \_\_\_\_\_

Occupation: \_\_\_\_\_

Phone: Home: \_\_\_\_\_ Work: \_\_\_\_\_ Mobile: \_\_\_\_\_

Email: \_\_\_\_\_

*Newsletters will be sent to the above email address. A home email is preferred as businesses can block multi-person mailouts.*

## Parent / Caregiver 2

**PLEASE NOTE:** Duplicate reports and official school communications may be sent to this caregiver if living at a different address

Mother     Father     Other: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Postcode: \_\_\_\_\_

Occupation: \_\_\_\_\_

Phone: Home: \_\_\_\_\_ Work: \_\_\_\_\_ Mobile: \_\_\_\_\_

Email: \_\_\_\_\_

**PLEASE NOTE:** A home email is preferred as businesses can block multi-person mailouts.

## Emergency Contact

**EMERGENCY CONTACT PERSON** (Not living with student)

Name: \_\_\_\_\_

Relationship to student: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Mobile: \_\_\_\_\_

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

I agree that (Student Name): \_\_\_\_\_

- 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 *eLearning Agreement* and *Taking Responsibility for Safety* as found 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
- 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: \_\_\_\_\_

## Office Use Only

Family Name: \_\_\_\_\_ **KAMAR ID** \_\_\_\_\_

First Name: \_\_\_\_\_

Enrolled by: \_\_\_\_\_ On date: \_\_\_\_\_ Start Date: \_\_\_\_\_

Year Level: \_\_\_\_\_ Form: \_\_\_\_\_  PNU  PCF

**LEAVING DATE:** \_\_\_\_\_ Leaving Form:  Yes  No

Destination: \_\_\_\_\_

**ENROLMENT:**  Home Zone  Out of Zone Category: \_\_\_\_\_

Justification of Category: \_\_\_\_\_

Address Confirmation Form Verification Document: \_\_\_\_\_ ID: \_\_\_\_\_

#### CHECKLIST:

Copy of Birth Certificate or Passport / Visa

Date of Birth checked:

Copy of last school report:

Option Sheet Completed

ID Photo

#### NCEA STUDENT TRANSFERRING:

NSN Number: \_\_\_\_\_

Current year NCEA results from previous school

NZQA record of Achievement

Contact person at last school attended: \_\_\_\_\_

Notes: \_\_\_\_\_