

GENERAL

Extra Curricular Interests: Leadership Academic Sports Performing Arts/Music/Dance Cultural

FRIENDSHIP: Please name two friends with whom you work well:

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: _____

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 confirm 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

Student: _____ Date: _____

Parent/Guardian: _____ Date: _____



**LYNFIELD
COLLEGE**

ENROLMENT FORM

LYNFIELD COLLEGE: 191 White Swan Road, Mt Roskill, Auckland 1041
Phone (09) 627 0600, Email admin@lynfield.school.nz, www.lynfield.school.nz

ATTACH
PASSPORT
SIZED
PHOTO
HERE

STUDENT DETAILS

LEGAL NAME AS ON BIRTH CERTIFICATE / PASSPORT

Family Name: _____

First Name: _____

Middle Name/s: _____

Date of Birth: _____

Address: _____

Home Phone: _____

Student's Email: _____

Current School: _____ NZ Overseas

Previous School: _____ NZ Overseas

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.

Gender: Male Female Prefer not to answer

Postcode: _____

Student's Mobile Phone: _____

OFFICE USE ONLY

Family Name: _____ **KAMAR ID** _____

First Name: _____ **NSN NUMBER** _____

Enrolled by: _____ On date: _____ Start Date: _____

Year Level: _____ Form: _____ PNU PCF

LEAVING DATE: _____ Leaving Form: Yes No

Destination: _____

ENROLMENT: Home Zone Verification Document: _____

Out of Zone Category: _____ Category Justification: _____

CHECKLIST:

Copy of Birth Certificate or Passport / Visa

ID photo

Date of birth checked

Course selection form completed

Address confirmation form

Current year NCEA results from previous school

Copy of last school report

NZQA Record of Achievement

Contact person at last school attended: _____

Notes: _____

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): _____
- European (specify): _____ Other (specify): _____

STUDENT SUPPORT

In the past two years has this student received assistance from support services? (If so, please provide details below)

- RTLB ORS ESOL Kari Centre Oranga Tamariki Marinoto Other

Please state learning needs: _____

Learning Support or Teacher Aide: Contact Person: _____

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

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

Programme: _____

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: _____

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.

CAREGIVER LETTER OF CONFIRMATION

- Letter from parent/s or family if the parents are in absentia confirming the students caregiver for the period of their absence.

EMERGENCY CONTACT

EMERGENCY CONTACT PERSON (Not living with student)

Name: _____

Relationship to student: _____

Phone: Home: _____ Work: _____ Mobile: _____