



# 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 Sighted :  Yes  No  
Conditions Applying (if any): .....

<b>SURNAME</b>	<b>FIRST NAMES</b>	<b>PREFERRED NAME</b>
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<b>BIRTHDATE</b>	<b>GENDER</b>	<b>BUS ROUTE</b>	<b>ENTRY DATE</b> / /	<b>PREVIOUS SCHOOL</b>
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<b>COUNTRY OF BIRTH</b>	<b>ETHNIC GROUP</b>	<b>MAIN LANGUAGE SPOKEN AT HOME</b>
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**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: .....

Email:.....

**FATHER/CAREGIVER (at Student's Address)**

Relationship: .....

Surname: .....

First Name: .....

Occupation: .....

Works at: .....

Phone Day:..... A/H: .....

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: ..... Iwi/hapu: .....

Rohe (Iwi/hapu home area): ..... 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:.....