



TRIDENT HIGH SCHOOL

APPLICATION FOR ENROLMENT

The following information is required for the purpose of assisting the staff in the case of an emergency or to meet the special needs the student may have. Ethnic information is required for statistics analysis by the Ministry of Education.

Proposed academic year level at entry:	Year 9 <input type="checkbox"/>	Year 10 <input type="checkbox"/>	Year 11 <input type="checkbox"/>	Year 12 <input type="checkbox"/>	Year 13 <input type="checkbox"/>	Land skills <input type="checkbox"/>	Special Education Centre <input type="checkbox"/>
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<input type="checkbox"/> IN Zone application	or	<input type="checkbox"/> OUT of Zone application	Category (Office Use Only):	
		Sibling of current student	Name: <input type="text"/>	Current year level: <input type="text"/>
		Sibling of former student	Name: <input type="text"/>	Year attended: <input type="text"/>
		Child of former student	Name: <input type="text"/>	Year attended: <input type="text"/>
		Child of BOT Employee or BOT Member	Name: <input type="text"/>	

Student information	Surname	<input type="text"/>	Gender	<input type="checkbox"/> Male/ Tane	<input type="checkbox"/> Female/ Wahine
	First names	<input type="text"/>	Preferred Pronoun	<input type="text"/>	
	Preferred name	<input type="text"/>	NZ residency	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	Date of birth	<input type="text"/>	Nationality	<input type="text"/>	
	Present School	<input type="text"/>	Ethnic group	<input type="text"/>	
			Maori iwi affiliation	<input type="text"/>	

Family information	Custodial parent/s:*(if applicable)	<input type="checkbox"/> Both parents	<input type="checkbox"/> Father only	<input type="checkbox"/> Mother only	<input type="checkbox"/> Shared custody	*Attach Custody Order
	During the school week the student lives with:	<input type="checkbox"/> Both parents	<input type="checkbox"/> Father only	<input type="checkbox"/> Mother only	<input type="checkbox"/> Guardian	<input type="checkbox"/> Shared custody
	PRIMARY CAREGIVERS					Please include the details in the additional space on the back page

Mother / Caregiver (circle as appropriate)

Relationship to student (if not parent)	<input type="text"/>
Title	<input type="text"/>
Surname	<input type="text"/>
First names	<input type="text"/>
Home address	<input type="text"/>
Suburb	<input type="text"/>
Post code	<input type="text"/>
Phone home	<input type="text"/>
Postal address (if different from above)	<input type="text"/>
Post code	<input type="text"/>
Parent mobile	<input type="text"/>
Parent email	<input type="text"/>
Phone work	<input type="text"/>
Business name	<input type="text"/>

Father / Caregiver (circle as appropriate)

Relationship to student (if not parent)	<input type="text"/>
Title	<input type="text"/>
Surname	<input type="text"/>
First names	<input type="text"/>
Home address	<input type="text"/>
Suburb	<input type="text"/>
Post code	<input type="text"/>
Phone home	<input type="text"/>
Postal address (if different from above)	<input type="text"/>
Post code	<input type="text"/>
Parent mobile	<input type="text"/>
Parent email	<input type="text"/>
Phone work	<input type="text"/>
Business name	<input type="text"/>

Office Use Only:	DEANS	OFFICE	
	Start Date: <input type="checkbox"/>	Enrolment Date: <input type="checkbox"/>	Student Number: <input type="text"/>
	Form Class: <input type="checkbox"/>	Input by: <input type="text"/>	Enrol <input type="checkbox"/> NSI <input type="checkbox"/>
	Learning Hub Informed <input type="checkbox"/>	Kamar <input type="checkbox"/>	Timetable <input type="checkbox"/>

Family information

ADDITIONAL CAREGIVERS – Complete this section for an additional parent/caregiver (who is a legal guardian of the student).

Mother / Caregiver (circle as appropriate)		Father / Caregiver (circle as appropriate)	
Relationship to student (if not parent)		Relationship to student (if not parent)	
Title		Title	
Surname		Surname	
First names		First names	
Home address		Home address	
Suburb		Suburb	
Post code		Post code	
Phone home		Phone home	
Postal address (if differs from above)		Postal address (if differs from above)	
Post code		Post code	
Caregiver mobile		Caregiver mobile	
Caregiver email		Caregiver email	
Phone work		Phone work	
Business name		Business name	

Emergency contact

The emergency contact person nominated should be someone who is available to come and collect the student at short notice if the need should arise and a parent is **not available**.

Title		Surname		First name	
		Phone		Mobile	
Relationship to student					

Directions for correspondence

As families operate differently the following information is requested to make sure that correspondence is sent to the correct family members. (Tick the appropriate boxes)

Invoices to be sent to:	<input type="checkbox"/> Both parents <input type="checkbox"/> Additional caregiver <input type="checkbox"/> Father only <input type="checkbox"/> Mother only <input type="checkbox"/> Other (specify name & relationship)
Send reports to:	<input type="checkbox"/> Both parents <input type="checkbox"/> Additional caregiver <input type="checkbox"/> Father only <input type="checkbox"/> Mother only <input type="checkbox"/> Other (specify name & relationship)
Send emails, newsletters and other publications:	<input type="checkbox"/> Both parents <input type="checkbox"/> Additional caregiver <input type="checkbox"/> Father only <input type="checkbox"/> Mother only <input type="checkbox"/> Other (specify name & relationship)

Medical details

MEDICAL – Please give us relevant details regarding medical history (allergies, disabilities, medication or significant illnesses e.g. asthma/diabetes)

Doctor	Doctor's phone
Dentist	Dentist's phone

SENSITIVE – If there is any other information that you feel the school should be aware of relating to the student, please detail here (eg, split families, legal access, etc). This information will be treated in strictest confidence.

Applicant's profile

Sport	Club you belong to:	Years	Special representation or achievement

Certificates/ Awards/ Representative teams

Hobbies/ Interests/ Community involvement

Academic learning needs

Has this student received remedial help? (Tick if YES) ☐ Reading ☐ Mathematics **DEAN USE ONLY: Learning Hub** ☐

From who: ☐ School or other agency - ☐ SPELD ☐ Kip McGrath ☐ Other

Which year(s) did you receive remedial help: (please circle) 2021 2020 2019 2018 2017 2016 2015 earlier:

Do you still require remedial help? ☐ Yes, subject(s): ☐ No

Academic extension programmes

Students may apply for any or all of these classes as appropriate. If you are interested in applying for more than one class please rank your preferences. Applications are due in the office by 29th October.

☐ **The Apex Programme** - This class focuses on academic excellence at Trident. An entrance examination will be held in Term 4, applicants will be advised of the date. Whānau will be informed of placement in Term 4.

☐ **Whakapiki i te Ao Māori** - This programme focuses on the use of Te Reo Māori in core subjects.

Application forms for the Apex Programme and the Whakapiki i te Ao Māori classes are in the prospectus pack.

☐ **Te Aka Motuhake** - This programme caters for students who want to develop their leadership potential and involves students across all year levels.

The Trident High School Partnership

If this application is accepted by the Board of Trustees, then in the spirit of partnership between the school, the parent/ caregiver and the student we ask you to read the prospectus and accompanying information and agree to abide by the conditions stated in it and also those stated on this page. Note that the Board of Trustees is also expected to meet its obligations as stated in the Trident High School Charter.

Agree

**EDUCATION OUTSIDE THE CLASSROOM (EOTC):**

I/ We give permission for this student to participate in all low risk activities run by Trident High School in the Whakatane township area for every year that he/she attends the school. Detailed information will be sent home regarding all medium to high risk activities.

**SUBJECT FEES:**

I/ We agree to pay any co-curricular (sport, drama, kapa haka etc) fees.

It is possible to set up an automatic payment for these. Please contact the Principal if there is a payment problem.

**SICKNESS:**

In the event of sickness, an accident or an emergency whereby staff are unable to contact caregivers, I authorise, on my/ our behalf, the school obtaining any medical assistance if, in the opinion of staff, such treatment is necessary and agree to meet any costs incurred.

**HEALTH AND WELL BEING**

I/ We accept that an assessment may be completed by the school nurse or a member of the student services team to identify any health/ social concerns.

**COMPUTER USE:**

Computers and the Internet are to be used for acceptable educational purposes only and must be under the guidance of a staff member. Failure to comply with these conditions may mean loss of computer use. Cybersafety Student Use Agreement signed.



PRIVACY ACT:

I/ We agree to the school collecting appropriate information on this student for educational use. ☐

I/ We agree the information can be used for school or educational purposes.

I/ We agree that the school may pass on this information to other professionals if it is for educational purposes.

I/ We give permission for the name and photos of my son/ daughter taken at school or school based activities, to be used for promotion of the school (e.g. the School Newsletter, Prospectus, Video, Trident Facebook or local newspapers).

If there are any issues pertaining to this please discuss them with the Dean while enrolling.

ELECTRONIC DEVICE (MOBILE PHONE, TABLET, CAMERA) USAGE:

Trident High School takes no responsibility for lost Electronic Devices. ☐

Mobile phones may be bought to school by senior students but must be in bags and may only be used for personal use during interval and lunch time.

Electronic devices may be used in class with the teacher's permission when doing school work.

Cameras/ phones used in breach of privacy will be confiscated - students lose the right to bring them to school.

The school may require access to a student's Electronic Device where they have filmed an event in school or where there has been text bullying.

CYBER BULLYING

I agree that I will not take part in cyber bullying by sending inappropriate text messages or use social networking sites (e.g. Facebook, Messenger, Snapchat) to put down others. ☐

Declaration

I/ We declare that the information that is provided in this Application for Enrolment is true and correct.

I/ We understand that acceptance of this form does not constitute admission of the student.

I/ We will be required to agree to the conditions of entry at the time the offer is made.

Father's signature

Date

Mother's signature

Date

Guardian (if applicable)

Date

EXPECTATIONS - Students must:

Wear the official school uniform including the PE Uniform (see www.trident.school.nz/uniform-and-practical-matters).

Comply with the School Rules and the Behaviour Code.

Strive to adhere to our core values of Quality Work, Respect for Others and Kia Manawa Nui - Be courageous

Attend school regularly and not be truant. (Non-attendance and non-payment of co-curricular fees could lead to non-participation in EOTC activities)

Agree

Student's signature

Date

Please check this form is accompanied by:

NZ BORN STUDENT:

Birth certificate or Passport ☐

STUDENTS BORN OUTSIDE NZ:

NZ Citizens: NZ passport or citizenship certificate ☐

All other students:

Passport and personal details page ☐

Entry stamp showing date of first entry into NZ ☐

and

(1) Residency permit **or**
(2) Student permit and birth certificate, together with parent's passport and work permit ☐

CUSTODY ORDER (if applicable) ☐

Additional information

Enrolling Dean signature

Date