KIA MANAWA NI Propose

Office

Use Only:

Start Date:

Form Class:

Learning Hub Informed

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.

A NIT										
Propos	sed academic year	· level	at entry:	☐ Year 9	☐ Year 10 ☐	Year 11 🔲 🕆	Year 12	☐ Year :	13] Land skills] Special Education Centre
□ IN	Zone application	or	OUT o	f Zone applica	ation	Category (Office	Use Only):			
			Sibling of cu	urrent student	Name:					Current year level:
			Sibling of fo	ormer student	Name:					Year attended:
			Child of for	mer student	Name:					Year attended:
			Child of BO BOT Memb	T Employee or er	Name:					
Student information	Surname						Gende	r	☐ Male	e/Tane Female/Wahine
	First names						Prefer Gende			
	Preferred name						NZ res	idency	Yes	□No
	Date of birth						Nation	ality		
Stu	Present School						Ethnic	group		
							Māori affiliat			
⊏	Custodial parent/s*		□ Bot	h parents	☐ Father only	☐ Mother	only [Shared	custody	*Attach Custody Order
Family information	(if applicable) During the schoo the student lives	l week with	,	h parents	☐ Father only	☐ Mother		Guardia	ın 🗆	Shared custody – Please
nfor	PRIMARY CARE	GIVER	RS							ude the details in the additional space on the back page.
nily i	Mother / Caregiv	/er (cir	cle as appropri	ate)		Father / Ca	regiver (circle as appr	opriate)	
Fan	Relationship to student (if not parent)					Relationshi student (if no				
	Title					Title				
	Surname					Surname				
	First names					First names	S			
	Home address					Home addr	ress			
	Suburb					Suburb				
	Post code					Post code				
	Phone home Postal address	()			Phone hom Postal addr	,)		
	(if differs from above)					(if differs from all				
	Post code					Post code				
	Parent mobile					Parent mok				
	Parent email	,	,			Parent ema				
	Phone work	()			Phone wor	k ()		
DEANS					OFFICE					

Enrolment Date:

Input by:

Kamar

Student Number:

Enrol

Timetable

NSI

on	Business name		Business name						
Family information	ADDITIONAL CAREGIVERS – Complete this section for an additional parent/caregiver (who is a legal guardian of the student).								
	Mother / Caregiver (circle as	s 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	()					
ct	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 Surnam	ne	First name						
	Phone	()	Mobile						
e e	Relationship to stude	nt							
Directions for correspondence	As families operate differently the following information is requested to make sure that correspondence is sent to the correct family members. (<i>Tick the appropriate boxes</i>)								
)irec respo	Invoices to be sent to:		ver	Mother only Other (specify name & relationship)					
cor	Send reports to:		ver Father only						
	Send emails, newsletters	☐ Both parents ☐ Additional caregiv							
ails	and other publications:	Both parents Additional caregiv	rer 🗀 Father Only	Mother only 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)								
Š									
	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.								

t's	Sport	Club you belong to:	Years	Special representation or achievement					
icani prof									
Applicant's profile									
	Certificates / Awards / Representative teams								
	Hobbies / Interests / Community involvement								
() (0	Her this student vessived venedial ha	In 2 (Tick if VFC) Deading Deathernati	ioo DEAI	NUISE ONLY Loorning Hub					
Academic learning needs	Has this student received remedial help? (Tick if YES) Reading Mathematics DEAN USE ONLY: Learning Hub Section 1. Control of the second section 1. Control of the section 1. Contr								
Acad ing r	From who: School or other agency - SPELD Kip McGrath Other: Which year(s) did you receive remedial help: (please circle) 2019 2018 2017 2016 2015 2014 2013 earlier:								
earn									
_	Do you still require remedial help:		∐ No						
nsion nmes	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 Friday 25 October.								
ic exte rograr	The Apex Programme – This class focuses on academic excellence at Trident. All Apex applicants will be contacted during the week of 2–7 December to confirm assessment tests on Saturday 2 November at Trident High School.								
cademic extension programmes	Te Aka Motuhake – The makeup of this form class is predominantly Māori and caters for students with leadership potential, a positive attitude and sound academic performance.								
Ä	Whakapiki i te Ao Māori – The programme focuses on the use of Te Reo Māori in core subjects and in Form Class.								
	Application forms for these classes	s are in the prospectus pack							
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 Trident High School Prospectus 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 and Prospectus.								
The Tric	EDUCATION OUTSIDE THE CLASSROOM (EOTC): I/We give permission for this student to participate in all low risk activities run by Trident High School for every year that he/she attends the school. Detailed information will be sent home regarding all medium to high risk activities.								
S	SUBJECT FEES: I/We agree to pay any subject and 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.								

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:**

We accept that an assessment could be done by the school nurse to identify any health/social concerns (Year 9 only)

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.

Enrolling Dean signature

Date