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Hillcrest
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Hillcrest High School

STUDENT ENROLMENT

2011

| | |
|----------------------|---|
| Office use: | |
| Enrolment No. | <input style="width: 100%;" type="text"/> |
| Entry Date: | <input style="width: 100%;" type="text"/> |

Student Information

| | | | | | |
|---|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| Level: <small>(the year you are coming in to)</small> | Year 9 | Year 10 | Year 11 | Year 12 | Year 13 |
| | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

| | | | | | | |
|---|--------------------------|--|----------|----------|----------|----------|
| Application type <small>(tick)</small> | | Out-of-zone priority level sought <small>(circle)</small> | | | | |
| In Zone | Out-of-Zone | 1 | 2 | 3 | 4 | 5 |
| <input type="checkbox"/> | <input type="checkbox"/> | | | | | |

| | | |
|-----------------|-------------------|---|
| Surname: | Firstname: | Preferred: <small>(Name you wish to be known by)</small> |
|-----------------|-------------------|---|

| | | | | |
|---|--------------------------------------|--|--|---|
| Birthdate: <input style="width: 150px;" type="text"/> | Male <input type="checkbox"/> | Female <input type="checkbox"/> | Names of <u>BROTHERS/SISTERS</u> of applicant connected with HHS: | |
| Your current school and year level <small>(eg Year 8):</small> | School Name | Current year level | | Present pupils |
| Bus route: <small>(If applicable)</small> | | | | Past pupils <small>(include year left)</small> |

| | |
|--|--|
| Country of birth: | Cultural Identity: e.g. NZ European/Pakeha / *Maori / Samoan / British etc |
| If not born in NZ: When did you arrive in NZ? Year: _____ Are you a refugee? YES <input type="checkbox"/> NO <input type="checkbox"/> | * If MAORI /or any student who identifies as belonging to one or more Iwi: <i>Go to PAGE 4 and choose UP TO THREE IWI. (Write 'Don't Know' if you do not know.)</i> |
| Languages spoken: | |
| Main language used at home: | |
| Do you require help with English? YES <input type="checkbox"/> NO <input type="checkbox"/> | Do you wish to join the Whanau? YES <input type="checkbox"/> NO <input type="checkbox"/> |

| | | | |
|--|---|--|---|
| Status: <small>(please tick one)</small> | | | |
| New Zealand citizen <input type="checkbox"/> | Citizen of: _____ <small>(country)</small> | Permanent resident <input type="checkbox"/> | Exchange student <input type="checkbox"/> |
| | | | International fee payer <input type="checkbox"/> |
| NOTE: Attach a copy of NZ birth certificate or passport. This is required for ALL applicants. | | Passport No.: _____ | Student visa/ permit <input type="checkbox"/> |
| | | | Expiry date: _____ |

Information for our records

| | | | |
|---|---|--|--|
| Phone Home | <input style="width: 300px;" type="text"/> | Relationship to student: | <input style="width: 300px;" type="text"/> |
| Communication home to be addressed to: | <small>(Your preferred mailing title e.g. Mr & Mrs etc)</small> | | |
| Your physical address | <input style="width: 300px;" type="text"/> | Your postal address (if different): | <input style="width: 300px;" type="text"/> |

If you have lived at the above address less than 3 months write your previous address:

NOTE: Attach as proof of in-zone residence a copy of one of the following: electricity or telephone bill, tenancy agreement, sale and purchase agreement.

Mother/Caregiver

Father/Caregiver

| | |
|--------------|--|
| Name | <input style="width: 280px;" type="text"/> |
| Relationship | <input style="width: 280px;" type="text"/> |
| Phone Home | <input style="width: 280px;" type="text"/> |
| Phone Cell | <input style="width: 280px;" type="text"/> |
| E-mail | <input style="width: 280px;" type="text"/> |
| Occupation | <input style="width: 280px;" type="text"/> |
| Phone Work | <input style="width: 280px;" type="text"/> |

| | |
|--------------|--|
| Name | <input style="width: 280px;" type="text"/> |
| Relationship | <input style="width: 280px;" type="text"/> |
| Phone Home | <input style="width: 280px;" type="text"/> |
| Phone Cell | <input style="width: 280px;" type="text"/> |
| E-mail | <input style="width: 280px;" type="text"/> |
| Occupation | <input style="width: 280px;" type="text"/> |
| Phone Work | <input style="width: 280px;" type="text"/> |

Does the student primarily live with you? YES NO

If NO, what is your address?

Does the student primarily live with you? YES NO

If NO, what is your address?

Student

| | |
|--|--|
| Phone Cell | |
| E-mail | |
| Write your cultural & sporting interests | |

2 Alternative Contacts – not parent

| | | |
|--------------|----|----|
| Name | 1. | 2. |
| Relationship | | |
| Phone Home | | |
| Phone Cell | | |
| Phone Work | | |

Are there any special access / custody orders that the school should be aware of? YES / NO

If 'yes' please explain: _____

Subject Information

| | | | |
|--|--|------------------------------------|---|
| <u>YEAR 9</u> | Go to page 5 and write your options on the SUBJECT CHOICE FORM. | | |
| <u>YEARS 10-13</u> Select your subjects and write here: —————→ | | Y10: select 3 subjects | Choose your subjects from the Enrolment Information Booklet in the Prospectus. |
| | | Y11: select 5 or 6 subjects | |
| | | Y12: select 5 or 6 subjects | |
| | | Y13: select 5 subjects | |
| | | | |

Privacy Statement

The information on this form is collected to form part of the essential information the school holds on your child. The information collected will be used by the school for the following purposes: enrolling your child at school, assessing the education needs of your child and ensuring that education services and resources in respect of your child are provided to the school.

The record made from this information may be viewed on request at the school. The information collected may be disclosed to education (e.g. Ministry of Education) and health sector agencies in accordance with the principles of the Privacy Act. Except with your specific authorization, it will not be disclosed to any other person or agency unless such disclosure is authorized or required by law. Additional personal information, such as alternative contacts or custody arrangements, is not part of the Ministry's routine data collection and will not be passed on.

From time to time, the school takes photographs of students to record activities within the school for publication in the school newsletter, magazine and for the website. Please advise the school if you have any concerns about publication of your child's photos.

Student's guarantee

I request that I be admitted to Hillcrest High School. I will attend regularly and agree to abide by the rules, behaviour guidelines and uniform regulations of the school. I have read and understood my responsibilities and agree to abide by the Cybersafety Use Agreement (part of the Enrolment Information booklet which you must read and keep). I know that if I breach the Cybersafety Use Agreement there may be serious consequences.

 **Student's signature:** _____

Parent's / Caregivers' guarantee

I consent to the personal information that I have provided to the school being used for purposes related to the advancement of my child's studies.

I have read the prospectus and agree that my child will abide by the rules, behaviour guidelines, Cybersafety Use Agreement (part of the Enrolment Information booklet which you must read and keep) and uniform regulations of the school.

I confirm that the address I have provided at the time of application and when my child begins instruction at Hillcrest High School will be the usual place of residence for my child. I will advise the school of any subsequent change of address.

 **Parent/Caregiver's Signature:** _____ **Date:** _____



Hillcrest High School

STUDENT HEALTH INFORMATION 2011

STUDENT INFORMATION

| | | |
|----------|------------|----------------|
| Surname: | Firstname: | Date of birth: |
|----------|------------|----------------|

The Hillcrest High School Health Clinic has a registered nurse present during school hours.

CONSENT: *Please tick ✓*

Permission for the school nurse or designated first aider to administer routine shelf medication as required e.g. paracetamol, antihistamine cream/tablets, arnicas and throat lozenges.

YOUR DOCTOR:

| | |
|------|--------|
| Name | Phone: |
|------|--------|

DENTAL CARE:

At HHS students have the option of seeing a free mobile dental facility which visits usually for a week once per term or enrolling with a local contracted dentist who provides free treatment up to 18 years of age. If enrolled with a local contracted dentist please indicate below or if you would like your child to see the mobile dentist please tick designated box below:

Mobile dentist OR Your dentist: Name _____ Phone: _____

PAST HISTORY OF OPERATIONS, ILLNESS, INJURIES, DISABILITIES *(please give details):*

| |
|--|
| |
|--|

MEDICAL CONDITIONS

| | | | |
|---|--|---|---|
| Asthma <input type="checkbox"/> | Depression <input type="checkbox"/> | Hayfever <input type="checkbox"/> | Migraines <input type="checkbox"/> |
| Anxiety Problems <input type="checkbox"/> | Epilepsy <input type="checkbox"/> | Hearing Problems <input type="checkbox"/> | Menstrual Problems <input type="checkbox"/> |
| Cancer <input type="checkbox"/> | Eyesight Problems <input type="checkbox"/> | Heart Condition <input type="checkbox"/> | Skin Condition <input type="checkbox"/> |
| Diabetes <input type="checkbox"/> | Fainting <input type="checkbox"/> | Kidney Problems <input type="checkbox"/> | Other (eg ADD) <input type="checkbox"/> |

If yes, please give details and treatment information:

| |
|--|
| |
|--|

ALLERGIES AND SENSITIVITIES *(please give details):*

| ALLERGY | COMMENT (Severity) | TREATMENT |
|--------------------------------|---|--|
| <i>e.g. Peanuts, Beestings</i> | <i>Severe: anaphylaxis Moderate: Swelling</i> | <i>Requires adrenalin, call ambulance Phenergan, icepack</i> |
| | | |
| | | |
| | | |

VACCINATIONS

| | <i>Circle</i> | <i>Write Year</i> | | <i>Circle</i> | <i>Write Year</i> |
|------------------------------------|---------------|-------------------|-------------------------|---------------|-------------------|
| Hepatitis B | Yes/No | | Poliomyelitis | Yes/No | |
| Measles, Mumps and Rubella (MMR) | Yes/No | | Rubella | Yes/No | |
| Meningococcal B (all 3 injections) | Yes/No | | Whooping Cough | Yes/No | |
| Tetanus | Yes/No | | Cervical Cancer Vaccine | Yes/No | |

Please note: Information provided on this form is available to staff.

Any concerns please contact the School Nurse, Dean or Guidance Counsellors.

Parent/Caregiver's signature: _____

Date: _____

List of iwi codes (for Ministry of Education : statistical purposes only)

Tick

| | |
|--|--|
| Northland / Auckland : Te Tai Tokerau / Tāmaki Makau Rau Region | |
| | Te Aupōuri |
| | Ngāti Kahu |
| | Ngāti Kuri |
| | Ngāpuhi |
| | Ngāpuhi ki Whāingaroa-Ngāti Kahu ki Whāingaroa |
| | Te Rarawa |
| | Ngāi Takoto |
| | Ngāti Wai |
| | Ngāti Whātua |
| | Te Kawerau |
| | Te Uri-o Hau |
| | Te Roroa |
| | Te Tai Tokerau / Tāmaki Makau Rau (Northland / Auckland) Region, not further defined |
| Coromandel : Hauraki Region | |
| | Ngāti Hako |
| | Ngāti Hei |
| | Ngāti Maru (Marutuahu) |
| | Ngāti Paoa |
| | Patukirikiri |
| | Ngāti Porou ki Harataunga ki Mataora |
| | Ngāti Pūkenga ki Waiau |
| | Ngāti Rahiri Tumutumu |
| | Ngāti Tai |
| | Ngāti Tamaterā |
| | Ngāti Tara Tokanui |
| | Ngāti Whanaunga |
| | Hauraki (Coromandel) Region, not further defined |
| Waikato / King Country : Waikato / Te Rohe Pōtae Region | |
| | Ngāti Haua (Waikato) |
| | Ngāti Maniapoto |
| | Ngāti Raukawa (Waikato) |
| | Waikato |
| | Waikato / Te Rohe Pōtae (Waikato / King Country) Region, not further defined |
| Rotorua / Taupō : Te Arawa / Taupō Region | |
| | Ngāti Pikiao (Te Arawa) |
| | Ngāti Rangiteaorere (Te Arawa) |
| | Ngāti Rangitīhi (Te Arawa) |
| | Ngāti Rangiwēwhi (Te Arawa) |
| | Tapuika (Te Arawa) |
| | Tarāwhai (Te Arawa) |
| | Tūhourangi (Te Arawa) |
| | Uenuku-Kopako (Te Arawa) |
| | Waitaha (Te Arawa) |
| | Ngāti Whakaue (Te Arawa) |
| | Ngāti Tūwharetoa |
| | Ngāti Tahu (Te Arawa) |
| | Te Arawa / Taupō (Rotorua / Taupō) Region, not further defined |
| Bay of Plenty : Tauranga Moana / Mātaatua Region | |
| | Ngāti Pūkenga |
| | Ngāiterangi |
| | Ngāti Ranginui |
| | Ngāti Awa |
| | Ngāti Manawa |
| | Ngāi Tai |
| | Tūhoe |
| | Whakatōhea |
| | Whānau-A-Apanui |
| | Ngāti Whare |
| | Tauranga Moana / Mātaatua (Bay of Plenty) Region, not further defined |

Tick

| | |
|--|---|
| East Coast : Te Tairāwhiti Region | |
| | Ngāti Porou |
| | Te Atianga-A-Māhaki |
| | Rongowhakaata |
| | Ngāi Tāmanuhiri |
| | Te Tairāwhiti (East Coast) Region, not further defined |
| Hawkes Bay / Wairarapa : Te Matau a Māui / Wairarapa Region | |
| | Rongomaiwahine (Te Māhia) |
| | Ngāti Kahungunu ki Te Wairoa |
| | Ngāti Kahungunu ki Heretaunga |
| | Ngāti Kahungunu ki Wairarapa |
| | Ngāti Kahungunu, region unspecified |
| | Rangitāne (Te Matau a Maui/Hawkes Bay/Wairarapa) |
| | Ngāti Kahungunu ki Whanganui a Orotu |
| | Ngāti Kahungunu ki Tamatea |
| | Ngāti Kahungunu ki Tamakinui a Rua |
| | Te Matau a Maui / Wairarapa (Hawkes Bay / Wairarapa) Region, not further defined |
| Taranaki Region | |
| | Te Atiawa (Taranaki) |
| | Ngāti Maru (Taranaki) |
| | Ngāti Mutunga (Taranaki) |
| | Ngā Rauru |
| | Ngā Ruahine |
| | Ngāti Ruanui |
| | Ngāti Tama (Taranaki) |
| | Taranaki |
| | Tangāhoe |
| | Pakakohi |
| | Taranaki (Taranaki) Region, not further defined |
| Whanganui / Rangitikei Region | |
| | Ngāti Apa (Rangitikei) |
| | Te Ati Hau Nui-A-Pāpārangi |
| | Ngāti Haua (Taumarunui) |
| | Ngāti Hauiti |
| | Whanganui / Rangitikei (Wanganui / Rangitikei) Region, not further defined |
| Manawatū / Horowhenua / Wellington : Manawatū / Horowhenua / Te Whanganui a Tara Region | |
| | Te Atiawa (Te Whanganui a Tara / Wellington) |
| | Muaupoko |
| | Rangitāne (Manawatū) |
| | Ngāti Raukawa (Horowhenua/Manawatū) |
| | Ngāti Toarangatira (Te Whanganui a Tara/Wellington) |
| | Te Atiawa ki Whakarongotai |
| | Manawatū / Horowhenua / Te Whanganui a Tara (Manawatū / Horowhenua / Wellington) Region not further defined |

Tick

| | |
|---|---|
| South Island / Chatham Islands : Te Waipounamu / Wharekauri Region | |
| | Te Atiawa (Te Waipounamu / South Island) |
| | Ngāti Koata |
| | Ngāti Kuia |
| | Kāti Mamoe |
| | Moriori |
| | Ngāti Mutunga (Wharekauri / Chatham Islands) |
| | Rangitāne (Te Waipounamu / South Island) |
| | Ngāti Rārua |
| | Ngāi Tahu / Kai Tahu |
| | Ngāti Tama (Te Waipounamu / South Island) |
| | Ngāti Toarangatira (Te Waipounamu / South Island) |
| | Waitaha (Te Waipounamu / South Island) |
| | Ngāti Apa ki te Waipounamu |
| | Te Waipounamu / Wharekauri (South Island / Chatham Islands) Region, not further defined |
| Iwi known, but region unspecified | |
| | Te Atiawa, region unspecified |
| | Ngāti Haua, region unspecified |
| | Ngāti Maru, region unspecified |
| | Ngāti Mutunga, region unspecified |
| | Rangitāne, region unspecified |
| | Ngāti Raukawa, region unspecified |
| | Ngāti Tama, region unspecified |
| | Ngāti Toa, region unspecified |
| | Waitaha, region unspecified |
| | Ngāti Apa, area unspecified |
| | Hapu affiliated to more than one iwi |
| Iwi unknown, but waka or iwi confederation known | |
| | Tainui |
| | Te Arawa |
| | Takitimu |
| | Aotea |
| | Mātaatua |
| | Mahuru |
| | Māmari |
| | Ngātokimatawhaorua |
| | Nukutere |
| | Tokomaru |
| | Kurahaupo |
| | Muriwhenua |
| | Hauraki / Pare Hauraki |
| | Turanganui a Kiwa |
| | Te Taihu o Te Waka a Maui |
| | Tauranga Moana |
| | Horouta |
| Iwi information not provided | |
| | Don't know |
| | Refused to answer |
| | Response unidentifiable |
| | Response outside scope |
| | Not stated |
| <i>Source: Statistics New Zealand, New Zealand Standard Classification of Iwi</i> | |

If you are of NZ Maori descent the Ministry of Education require us to to record your iwi. This is because iwi authorities are interested in the educational achievement of their children.

YOU MAY CHOOSE **UP TO THREE** IWI FROM THIS LIST.

EITHER TICK ON THIS PAGE

OR  WRITE THE IWI NAMES ON PAGE 1 OF THIS APPLICATION FORM.

Hillcrest High School

Year 9 Subject Choice Form 2011

Student name:

Current School:

Learning Areas

These subjects run for the whole year:

English : Physical Education & Health : Mathematics : Science : Social Studies

Learning Areas

Ranked Choices

All subjects in the following learning areas run for one semester (two terms).
You will do 3 of these subjects in semester one and 3 in semester two.

The Arts:

Art
Drama
Music

Technology:

Food Technology
Electronics
Information Technology
Materials Textiles
Materials Metal
Materials Wood
Graphics

Languages:

English as a second language (ESOL)
French
Japanese
Maori
Spanish

Social Sciences:

Financial Literacy (Economics)

By invitation

Students will be invited to join these programmes:
Year 9 Junior Enrichment & Extension
Year 9 Sports Development

You must choose TWO Arts to study:

1. _____
2. _____

If your choice was music, are you learning a musical instrument? YES / NO

You must choose TWO Technologies to study:

3. _____
4. _____

You must choose ONE Language to study:

5. _____

Survey :

If Hillcrest High School was to offer Chinese, what would be your preferred language choice, out of:

French / Japanese / ESOL
Maori / Spanish / Chinese

Choose 1: _____

You must choose ONE more subject from anywhere from the subject list.

6. _____

Now, rank 3 other subjects from the list.
Note: Student numbers, classrooms and teacher availability could result in some students not getting their first choices.

7. _____

8. _____

9. _____

For course descriptions, see Enrolment Information 2011 booklet in the Prospectus.

Checklist and Notes for Enrolment

Please check that you have:

1

Page 1: Student Information and Parent/Caregiver Information

- If Maori descent, filled in Iwi affiliation
- Attached a copy of New Zealand birth certificate or New Zealand passport
OR
For overseas applicants – attached a copy of passport showing either permanent residency or student's permit and parent's work permit.
- Filled in parents'/caregivers' information.

IN-ZONE (Choose one):

- OWN HOME
 - Attached as proof of in-zone residence a copy of one of the following
e.g. electricity or telephone bill, sale and purchase agreement
- RENTING
 - Attached as proof of in-zone residence a copy of one of the following
e.g. electricity or telephone bill, tenancy agreement
- BOARDING IN ZONE
 - Attached a completed 'Boarding In Zone' form (available from school office)
 - Attached a 'Statutory Declaration' (obtainable from a JP or Solicitor)
 - Attached as proof of in-zone residence a copy of one of the following
e.g. electricity or telephone bill, tenancy agreement

OUT-OF-ZONE

- Attached a brief letter which includes priority level sought.

2

Page 2: Other Information

- Filled in student's and alternative contact's contact information
- Chosen subjects (Page 5 for Year 9; Page 2 for Years 10-13)
- Read the Cybersafety Student Use Agreement (which you keep).
- Both parent/caregiver and student have signed and dated the page.

3

Page 3: Completed and signed Health Information

Notes on completing this enrolment

The address given at the time of application for enrolment must be the student's usual place of residence when the student begins instruction at Hillcrest High School. This address will be used for any mail sent from the school.

The Ministry of Education has advised that parents should be warned of the possible consequences of deliberately attempting to gain unfair priority in enrolment by knowingly giving a false address or making an in-zone living arrangement which they intend to be only temporary, for example

- Renting accommodation in-zone on a short term basis;
- Arranging temporary board in-zone with a relative or family friend;
- Using the in-zone address of a relative or friend as an 'address of convenience' with no intention to live there on an ongoing basis.

If the school learns that a student is no longer living at the in-zone address given at the time of application for enrolment, and has reasonable grounds to believe that a temporary in-zone residence has been used for the purpose of unfairly gaining priority in enrolment at the school, then the Board may review the enrolment. Unless the parents can provide a satisfactory explanation within 10 days, the Board may annul the enrolment. This course of action is provided for under Section 110 (A) of the Education Act 1989.

The school may actively collect information to ensure that enrolment data provided is accurate.