



# APPLICATION FOR ENROLMENT

## ĀKONGA (STUDENT) DETAILS

Legal Surname: \_\_\_\_\_ Legal First Name \_\_\_\_\_ Middle Name: \_\_\_\_\_

Preferred Surname: \_\_\_\_\_ Preferred First Name \_\_\_\_\_

Date of birth: \_\_\_\_\_ Gender \_\_\_\_\_ Student Cell phone: \_\_\_\_\_

Country of Citizenship: \_\_\_\_\_ Current School Year Level: \_\_\_\_\_

### ETHNIC ORIGIN

Was your child born in New Zealand  or overseas  - Country of Birth \_\_\_\_\_

If English is not the first language spoken at home, please indicate which is: \_\_\_\_\_

Statistical information for Ministry of Education: Ethnic Origin (please tick the appropriate ethnic origin(s) of the student).

- |                                      |                                 |                                  |                                      |                                 |                                       |
|--------------------------------------|---------------------------------|----------------------------------|--------------------------------------|---------------------------------|---------------------------------------|
| <input type="checkbox"/> NZ/European | <input type="checkbox"/> Māori  | <input type="checkbox"/> Chinese | <input type="checkbox"/> Cook Island | <input type="checkbox"/> Fijian | <input type="checkbox"/> Other (name) |
| <input type="checkbox"/> Indian      | <input type="checkbox"/> Niuean | <input type="checkbox"/> Samoan  | <input type="checkbox"/> Tokelauan   | <input type="checkbox"/> Tongan | _____                                 |

(NB: Tick all that apply)

If you are Māori and your iwi is known, please state iwi: \_\_\_\_\_

A copy of your child's birth certificate should be provided for New Zealand citizens. For overseas applicants, proof of residency must also accompany the application.

**Verification Document:** e.g. NZ Birth Certificate, NZ Passport, Visa, Other: \_\_\_\_\_

Expiry Date: \_\_\_\_\_ Serial Number: \_\_\_\_\_ Date of arrival in NZ \_\_\_\_\_  
*(if applicable)*

Previous School: \_\_\_\_\_ Eligibility: e.g. NZ Citizen, NZ Resident, Other: \_\_\_\_\_

## WHĀNAU (CAREGIVER) DETAILS

### Whānau (Caregiver) #1 (MUST LIVE WITH THE STUDENT)

### Whānau (Caregiver) #2

Relationship to Student: \_\_\_\_\_

Relationship to Student: \_\_\_\_\_

Gender: \_\_\_\_\_

Gender: \_\_\_\_\_

Name: \_\_\_\_\_

Name: \_\_\_\_\_

[First Name] [Surname]

[First Name] [Surname]

Email: \_\_\_\_\_

Email: \_\_\_\_\_

**(required to access Parent Portal and receive notices)**

**(required to access Parent Portal and receive notices)**

Phone: (home) \_\_\_\_\_ (work) \_\_\_\_\_

Phone: (home) \_\_\_\_\_ (work) \_\_\_\_\_

Mobile: \_\_\_\_\_

Mobile: \_\_\_\_\_

Address: \_\_\_\_\_

Address: \_\_\_\_\_

Post Code: \_\_\_\_\_

Post Code: \_\_\_\_\_



## ENROLMENT INFORMATION

Enrolment Type: (Tick relevant): Domestic  International

Year starting at Kaikorai Valley College: \_\_\_\_\_ Start date: \_\_\_\_\_

If possible, please provide a copy of your child's last school report. It helps us to support your child's transition into Kaikorai Valley College.

## EMERGENCY CONTACTS

Please list name(s) and addresses of other whānau (e.g., grandparents, close relatives) who could be contacted in case of an emergency or other special need: **(at least one required)**

Name: \_\_\_\_\_ Name: \_\_\_\_\_

Address: \_\_\_\_\_ Address: \_\_\_\_\_

Phone: (home) \_\_\_\_\_ (work) \_\_\_\_\_ Phone: (home) \_\_\_\_\_ (work) \_\_\_\_\_

Mobile: \_\_\_\_\_ Mobile: \_\_\_\_\_

Relationship to Student: \_\_\_\_\_ Relationship to Student: \_\_\_\_\_

## MEDICAL INFORMATION

Doctor: \_\_\_\_\_ Medical Centre: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Medical Conditions / Allergies (please list) and severity:

\_\_\_\_\_  
\_\_\_\_\_

Other Medical Notes (Does the student have any medical conditions the school should be informed about? If so, please provide a management plan for how this condition is to be managed. Attached Yes  No )

\_\_\_\_\_  
\_\_\_\_\_

IMMUNISATION: Copy of the immunisation record for file Yes  No

<input type="checkbox"/> 6 Week Immunisation	<input type="checkbox"/> 3 Month Immunisation	<input type="checkbox"/> 5 Month Immunisation	<input type="checkbox"/> 15 Month Immunisation
<input type="checkbox"/> 4 Year Immunisation	<input type="checkbox"/> 11 Year Immunisation	<input type="checkbox"/> 12 Year Immunisation	

### MEDICATION:

Indicate if any medication will be held at school and administered by staff. If you tick this box, you must sign an Administration of Medication form at the school office.

If you have ticked the box above, please list the details of any medication taken:

\_\_\_\_\_  
\_\_\_\_\_

## LEARNING SUPPORT INFORMATION

Does the student have any special learning needs that the school should be informed about? If so, please provide details below. Please supply copies of any applicable special learning needs diagnosis reports, such as dyslexia diagnosis reports.

Has the student received any support from educational agencies (e.g., RTLB)? If so, please provide details below.

\_\_\_\_\_  
\_\_\_\_\_

## CONSENTS

**Photo Publication Consent:** Yes  No  School can use student's photos for publication purposes.

**Cyber Safety & Digital Devices Consent:** Yes  No  Has permission to use internet in accordance with school policies and procedures.

**Transport Permission: Consent:** Yes  No  Has permission to be transported to events in accordance with the school policies and procedures.

**Education Outside the Classroom Consent:** Yes  No  Has permission to take part in off-site events in accordance with the school policies and procedures.

**Learning Support Register:** Yes  No  Has permission to share information with educational support services on the school's learning support register. (see explanation in the booklet.)



## FURTHER INFORMATION

Any other important information you would like the school to know: (e.g. custodial issues)

---

---

---

## AGREEMENT

I understand that this information will be kept securely and is being collected to allow Kaikorai Valley College to carry out the functions required of it. This information may be disclosed to another specified agency only in accordance with Principles 10 to 12 of the Privacy Act 2020.

If this application is accepted, the parent/caregiver and student agree to comply with the school's requirements regarding behavior management, attendance, uniform, and fees.

- **Email:** Please note that your email address is your access to the Parent Portal in HELIX, our Student Management System.
- **Use of student photos, video clips, work produced, and other related material used for promotional purposes:** I understand and agree that photographs, video clips, work produced, and other related material may be used from time to time in school publications and for promotional and educational purposes. If you do NOT agree, please make sure you have ticked the **Photo Publication Consent (No)** box.
- **Course costs:** Kaikorai Valley College is part of the School Donations Scheme. This means we do not ask families for a yearly donation.  
Also, we do not charge students for any resources or trips that are curriculum or assessment-related. Any trip that is not curriculum-related, eg, school camps, ski trips, etc, will incur a cost.  
If there is a 'take-home' component for a class, eg, food, metalwork/woodwork, there will be a charge for these classes.
- By signing this form, I agree to pay the costs associated with my child's education.
- **By law, contact details on this form must be forwarded to the Ministry of Social Development** so that at-risk young people can be identified and supported by organisations contracted to help re-engage them in education or training when they leave school. The information will not be used for any other purpose.
- **Disclaimer:** The Kaikorai Valley College Board makes every effort to ensure the safety of the college's grounds and buildings. However, the Board accepts no responsibility for any accident or injury that may be sustained by any person or persons, or for damage or loss to property, while on these premises.

**I have read the above agreement and agree to comply with the school's policies and procedures and give my written consent to the permissions outlined under Consents (in red) as part of this enrolment application.**

Signed:            **Student:** \_\_\_\_\_

Signed:            **Parent/Caregiver:** \_\_\_\_\_            **Date:** \_\_\_\_\_

### Attached:

- Birth certificate/Passport or Visa attached
- Copy of Immunisation Record
- Health Management Plan (If applicable)

The **Enrolment Information Booklet** is available from the school office or online at <https://www.kvcollege.co.nz/resources/enrolment-forms> or [here](#).

*Ngā mihi nui, thank you*

Once this form is completed, please drop it off at the main office or email it to [office@kvc.school.nz](mailto:office@kvc.school.nz).