



Blue Mountain College State Highway 90, Tapanui 9522

Application for enrolment

For office use:

Enrolment Number Date of Entry Leaving Date

Year 7
 Year 8
 Year 9
 Year 10
 Year 11
 Year 12
 Year 13

Year level Form group House Enrol

(A) Student Details

Surname Date of Birth

Given Names Gender: Male Female

Preferred Name
(i.e. name student is to be addressed by)

Address

Home Phone Student Cellphone

Name of school last attended Name of Last Form Teacher

(B) Cultural Ethnicity

New Zealand Citizen: Yes No If Not – please state country of birth

All New Zealand citizens **must provide a birth certificate**, the school will copy the original.

All non new Zealand citizens **must provide a passport**.

Maori IWI Affiliation (maximum of three) *1

*2

NZ European *3

Other Please specify

(C) Medical

Doctors Name Phone

Please record details for any medical condition (allergies, disabilities, special medication etc)

Consent for treatment of minor ailments e.g. panadol Yes No

(E) Primary Caregivers

The person (s) who is/are primarily responsible for the student:

Surname	<input type="text"/>	First Names	<input type="text"/>	Title	<input type="text"/>
Address	<input type="text"/>				
Home Phone	<input type="text"/>	Work Phone	<input type="text"/>		
Cellphone	<input type="text"/>	eMail	<input type="text"/>		
Relationship to student	<input type="text"/>	Occupation	<input type="text"/>		

Surname	<input type="text"/>	First Names	<input type="text"/>	Title	<input type="text"/>
Address	<input type="text"/>				
Home Phone	<input type="text"/>	Work Phone	<input type="text"/>		
Cellphone	<input type="text"/>	eMail	<input type="text"/>		
Relationship to student	<input type="text"/>	Occupation	<input type="text"/>		

(F) Secondary Caregiver

Surname	<input type="text"/>	First Names	<input type="text"/>	Title	<input type="text"/>
Address	<input type="text"/>				
Home Phone	<input type="text"/>	Work Phone	<input type="text"/>		
Cellphone	<input type="text"/>	eMail	<input type="text"/>		
Relationship to student	<input type="text"/>	Occupation	<input type="text"/>		

Does the student live with this person at any time? Yes No Detail:

School mail to whom?

Are there any specific access/custody orders that the school should be aware of? Yes No

Details

Do you wish for reports to be sent to the secondary caregiver? Yes No

(G) Emergency Contact

Contact who can be telephoned when parent/caregiver cannot be reached

Surname	<input type="text"/>	First Names	<input type="text"/>	Title	<input type="text"/>
Address	<input type="text"/>				
Home Phone	<input type="text"/>	Work Phone	<input type="text"/>		
Cellphone	<input type="text"/>	Occupation	<input type="text"/>		
Relationship to student	<input type="text"/>				

(H) Further Information

Names of other family members currently enrolled at Blue Mountain College:

Transport arrangements

Please complete and hand a bus form in to the school at the same time as this enrolment form if:

- there is no bus service from the home to the College (and lives over 4.8 km from the school)
- if you have to travel 2.4km or more to meet one of our bus services you are eligible for a conveyance allowance

(I) Declaration

Parent/ Guardian Undertaking

- We agree to comply with the College regulations and guidelines on discipline, attendance uniforms, books and other matters pertaining to the welfare and good conduct of the school as published in the College Prospectus and Handbook for Parents and Students.
- We agree to pay fees as set out by the Board of Trustees for classroom materials, stationery, sports and other such activities and to pay for any damage caused to school property by my/our child through malicious or careless behaviour.
- In an emergency situation we authorise the College to seek appropriate medical assistance for our child.
- We understand the information collected about students will be used for school records and to meet the College's legal obligations to report to Government Agencies and that teaching staff and other adults with responsibility for the care and welfare of students, will be given access to the student database based on their enrolment information in accordance with the schools Privacy Policy.
- We agree that the school may seek information for previous schools the student has attended and pass relevant information to other schools or tertiary providers and Government Agencies when the student leaves the College.
- I give permission for the school to display or use work or photographs of my son/daughter in connection with matters relating to Blue Mountain College.

Signed..... Relationship to Student.....

Signed..... Student