

FAHS - FEILDING HIGH SCHOOL APPLICATION FOR ENROLMENT 2017

SECTION A: STUDENT Natio	nal Student Number:		
Enrolment Date:	Start Date:		
Year Level (tick one): Year 9 [] 10 []	11 [] 12 [] 13 []		
Date of Birth:/ Gender: Male / Female			
Legal Student Surname:			
Legal Student First Names:			
Preferred First Name:			
Preferred Surname:			
Present School:			
SIBLINGS Name and Group (if known) of Brother(s) / Sister(s) at FAH:	S:		
ETHNIC BACKGROUND (tick as appropriate):			
	Specify:		
Iwi Affiliation (refer to enclosed sheet):	(Code and Name)		
SECTION B: ADDRESS			
Mail To:	om mail and accounts are to be addressed)		
(Name of parents / caregivers to whom mail and accounts are to be addressed)			
PHYSICAL ADDRESS	POSTAL ADDRESS (If different from physical address)		
Landline: Number / Street:			
Number / Street:RD:			
Suburb:			
Town:			
Fire No.:	Post Code:		
Contact Email:	1 0st Couc		
Contact Enfair.			
SCHOOL USE ONLY			
Group House	Core Class Options / Classes		

Enter data or tick; initial and date when task completed.

Fees Invoiced

Student Envelope

Completed by

SECTION C:			
Hostel []	Private Board [] Specify with whom:		
Country of Birth	i:	ATTACH COPY OF BIRTH CERTIFICATE	
IF NOT A NEW ZEALAND CITIZEN also attach passport / visa details for the student and the working parent.			
Language Spoke	en at Home:		
Type of Student	(tick): Regular [] Foreign Fee Payin	g [] Exchange [] Adult [] Special Ed []	
Status (tick):	Full Time [] Part Time []		
Has your child ever been Stood Down, Suspended or Excluded from any school? YES / NO If so, from which school?			
-	<u>Involvement</u> - Has your child had involvement	with:	
ACC Sensitive C	Claims [] CAFS/CAMHS ase [] MOE Special Educated [] RTLB	[] CYFS []	
Police Youth Aid	d [] MOE Special Educat d [] RTLB vices []	[] CYFS [] ion [] Oranga Hine Ngaro [] [] RTLit []	
Te Manawa Serv	vices []		
Other (please spo	ecify):		
Are there any current Court Orders relating to this young person and his / her family? YES / NO If so, please attach a copy.			
	: PARENT / LEGAL GUARDIAN 1	PARENT / LEGAL GUARDIAN 2	
Name and Title:	: PARENT / LEGAL GUARDIAN 1		
		_	
Name and Title: Relationship:		_	
Name and Title: Relationship: (To student)		_	
Name and Title: Relationship: (To student)		_	
Name and Title: Relationship: (To student) Address:		_	
Name and Title: Relationship: (To student) Address: Cell Phone:		_	
Name and Title: Relationship: (To student) Address: Cell Phone: Occupation:		_	
Name and Title: Relationship: (To student) Address: Cell Phone: Occupation: Work Phone:	SECONDARY CAREGIVER	_	
Name and Title: Relationship: (To student) Address: Cell Phone: Occupation: Work Phone: Work Place:			
Name and Title: Relationship: (To student) Address: Cell Phone: Occupation: Work Phone: Work Place:	SECONDARY CAREGIVER		
Name and Title: Relationship: (To student) Address: Cell Phone: Occupation: Work Phone: Work Place: Name: Relationship: (To student)	SECONDARY CAREGIVER		
Name and Title: Relationship: (To student) Address: Cell Phone: Occupation: Work Phone: Work Place: Name: Relationship: (To student) Home Phone:	SECONDARY CAREGIVER		
Name and Title: Relationship: (To student) Address: Cell Phone: Occupation: Work Phone: Work Place: Name: Relationship: (To student) Home Phone: Cell Phone:	SECONDARY CAREGIVER		
Name and Title: Relationship: (To student) Address: Cell Phone: Occupation: Work Phone: Work Place: Name: Relationship: (To student) Home Phone:	SECONDARY CAREGIVER		
Name and Title: Relationship: (To student) Address: Cell Phone: Occupation: Work Phone: Work Place: Name: Relationship: (To student) Home Phone: Cell Phone:	SECONDARY CAREGIVER		
Name and Title: Relationship: (To student) Address: Cell Phone: Occupation: Work Phone: Work Place: Name: Relationship: (To student) Home Phone: Cell Phone: Address: Work Phone:	SECONDARY CAREGIVER (In residence where student is living)	LOCAL EMERGENCY CONTACT	
Name and Title: Relationship: (To student) Address: Cell Phone: Occupation: Work Phone: Work Place: Name: Relationship: (To student) Home Phone: Cell Phone: Address: Work Phone:	SECONDARY CAREGIVER	LOCAL EMERGENCY CONTACT	

SECTION E:

Doctor/Medical Centre:	Telephone:			
Dentist:	Telephone:			
Medical Problems:				
Does your child have a care plan relating to their medical problems?	YES / NO			
BUS STUDENT (tick which bus route): [] Bulls / Ohakea	[] Awahuri / Sanson [] Makino / Waituna [] Waiata / Colyton			
Distance from home to FAHS - Feilding High School:km				
SECTION F: YEAR 9 OPTION SELECTION Students who wish to take Te Reo Maori (full year) or two languages, need to speak with the Year 9 Dean about their other option subjects.				
For information about the option subjects, refer to the enclosed Year 9 Programme Structure or, for more detail, refer to the school's website www.feildinghigh.school.nz>academic>courses and subjects.				
TICK EACH OPTION SUBJECT ONCE				
1. Tick ONE of [] French [] Te Reo Maori or [] Te Reo Maori (fu	ll year)			
2. Tick <u>TWO</u> of [] Art [] Drama [] Music				
3. Tick ONE of [] Agriculture [] Food Technology [] Technology Hard Materials [] Technol	ogy Textiles			
4. Number <u>FIVE</u> options in order of preference IF AN OPTION IS SELECTED IN SECTION 1, 2 OR 3, DO NOT SE	ELECT AGAIN IN THIS SECTION			
[] Agriculture [] Graphics [] Art [] History [] Consumer Studies [] Horticulture [] Digital Technology [] Japanese Introduct [] Drama [] Music [] Food Technology [] Te Reo Introduct [] French Introduction [] Technology Hard [] Geography [] Technology Text	ion Materials			
5. [] I would like to be considered for the Sport Performance option	n in either Term 3 or Term 4.			
* Any variation to the above selections must have the Year 9 Dean's approval				
SECTION G: PREVIOUS SECONDARY SCHOOLS, IF NOT ENTERING YEAR 9				
School:	Year Level/s:			
School:	Year Level/s:			
School:	Year Level/s:			

SECTION H: COURSE SELECTION / OPTIONS IF ENTERING YEAR 10, 11, 12 or 13

Course selection is to be made in consultation with the Year Level Dean.		
1.	4.	
2.	·	
3.	6.	
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SEC	CTION I: INFORMATION PRIVACY	
$FAHS - Feilding\ High\ School\ will\ collect\ personal\ information\ on\ your\ son\ /\ daughter\ from\ the\ contributing\ school,\ and\ will\ use\ it\ for\ educational\ and\ organisational\ purposes\ and\ in\ the\ best\ interest\ of\ the\ student.$		
This information will be held at FAHS - Feilding High School, Churcher Street, Feilding. You have rights of access to and correction of this information.		
The information on your son / daughter may later be used for statistical and / or research purposes, but will not identify the individual concerned. The information may be disclosed to educational agencies and to other agencies that have a right to access it.		
The school will disclose names, contact addresses and telephone numbers to the Parent Teacher Association so they can contact parents / caregivers on behalf of the school, and to the Old Pupils' Association so they can maintain their register of students who have attended this school.		
SECTION J: AGREEMENT In signing the enrolment form I / we agree:		
a)	That the above student shall abide by the regulations as laid down from time to time by the Board of Trustees, and school rules and directions given by the Principal and staff.	
b)	To support the Discipline and Detention policies. To accept the guidelines to behaviour as set out in the School Prespectus.	
c) d)	To accept the guidelines to behaviour as set out in the School Prospectus. I have read and agree to abide by the ICT / Digital Citizenship - Student Acceptable Use policy.	
e)	That the above student will attend punctually and will not be absent without the approval of the Principal except in cases of	
Ð	illness or emergency. To encourage the student to participate in school activities.	
f) g)	That the student will wear the uniform as prescribed.	
h)	To the terms and conditions of the school agricultural procedures should my son / daughter participate in Agriculture /	
• .	Primary Industries courses.	
i) j)	To abide by the NQF rules as outlined in the school's NQF Handbook which can be found on the school's website. To pay fees or charges fixed from time to time by the Board of Trustees. Unpaid accounts will incur late payment fees and	
	collection costs.	
k) l)	That reasonable payment will be made for damage or disfigurement caused by the student to school property. To liaise with the school on all matters affecting the welfare of our son / daughter.	

FATHER / CAREGIVER:

MOTHER / CAREGIVER:

STUDENT:

Date:

Date:

Date: