

FAHS - FEILDING HIGH SCHOOL

APPLICATION FOR SCHOOL ENROLMENT 2021

SECTION A: STUDENT

National Student Number: _____ [] In Zone [] Out of Zone

Enrolment Date: _____ Start Date: _____

Year Level (tick one): Year 9 [] Year 10 []
 Year 11 [] Year 12 [] Year 13 []

TYPE OF STUDENT Regular [] Exchange [] Migrant []
 ORS [] Foreign Fee Paying []

THE STUDENT WILL LIVE At Home [] L.J. Wild House [] Private Boarding []

If private boarding, please specify with whom: _____

Date of Birth: ____/____/____ Legal Gender: Male [] Female []

Legal Student Surname: _____

Legal Student First Names: _____

Preferred First Name: _____

Preferred Surname: _____

Current School: _____

SIBLINGS

Name and Group of siblings at FAHS: _____

ETHNIC BACKGROUND (tick as appropriate)

NZ Maori [] NZ European [] Other []

If other, please specify: _____

Iwi Affiliation (refer to enclosed sheet): _____
(Code and Name)

ATTACH COPY OF BIRTH CERTIFICATE

IF NOT A NEW ZEALAND CITIZEN also attach passport / visa details for the student and the working parent.

Language Spoken at Home: _____ Country of Birth: _____

BELONG, ENGAGE, SUCCEED

Feilding High School, Churcher Street, Feilding 4702
Telephone: 06 3234029 / Email: admin@feildinghigh.school.nz

SECTION B: ADDRESS (Please attach proof address e.g. power account)

PRIMARY RESIDENCE (This is the first point of contact and the main residence where the child resides)

Name and Title: _____
Relationship _____
To Student: E.g. Mother / Father / Legal Guardian / Step Parent / Grandparent
Other (Please specify): _____
Address: _____
Cell Phone: _____
Email Address: _____
Occupation: _____
Work Phone: _____
Work Place: _____

SECONDARY RESIDENCE

Name and Title: _____
Relationship _____
To Student: E.g. Mother / Father / Legal Guardian / Step Parent / Grandparent
Other (Please specify): _____
Address: _____
Cell Phone: _____
Email Address: _____
Occupation: _____
Work Phone: _____
Work Place: _____

LOCAL EMERGENCY CONTACT

(Cannot be anyone named above)

Name: _____
Relationship: _____
(To student)
Home Phone: _____
Cell Phone: _____
Email Address: _____
Address: _____
Work Phone: _____

**ANY ADDITIONAL INFORMATION ABOUT
YOUR CHILD'S LIVING ARRANGEMENT**

SECTION C: SCHOOL BUS ROUTES (Please tick the MOE bus route)

- | | | |
|--|--|--|
| <input type="checkbox"/> Apiti / Kimbolton | <input type="checkbox"/> Awahuri / Sanson | <input type="checkbox"/> Mt Biggs / Sanson |
| <input type="checkbox"/> Halcombe / Reu Reu Road | <input type="checkbox"/> Makino / Waituna | <input type="checkbox"/> Waiata / Colyton |
| <input type="checkbox"/> Sanson Direct | <input type="checkbox"/> Other (specify) _____ | |

Please contact the school office if your child requires the Ashhurst bus service.

Distance from home to FAHS - Feilding High School: _____ km

SECTION D: PASTORAL CARE

OUTSIDE AGENCY INVOLVEMENT - Has your child had involvement with:

CAFS/CAMHS	[]	Oranga Tamariki (CYFS)	[]	Manchester House	[]
MOE Learning Support	[]	Oranga Hine Ngaro	[]	Police Youth Aid	[]
RTLb	[]	Te Manawa Services	[]	ACC	[]

Other (please specify): _____

Are there any current Court Orders relating to this young person and their family? YES / NO
If so, please attach a copy.

Does this young person have a Counsel for Child: YES / NO
If so, please provide name and details.

Has your child ever been Stood Down, Suspended or Excluded from any school? YES / NO

If so, from which school? _____

SECTION E: YEAR 9 OPTION SELECTION

For information about the option subjects, refer to the enclosed Year 9 Programme Structure.

TICK EACH OPTION SUBJECT ONCE

1. **LANGUAGE OPTIONS (Tick ONE of)**

<input type="checkbox"/> French		<input type="checkbox"/> Japanese
<input type="checkbox"/> Te Reo Maori	or	<input type="checkbox"/> Te Reo Maori (full year)

2. **ARTS OPTIONS (Tick ONE of)**

<input type="checkbox"/> Art	<input type="checkbox"/> Drama
<input type="checkbox"/> Music	

3. **TECHNOLOGY OPTIONS (Tick ONE of)**

<input type="checkbox"/> Design and Visual Communication	<input type="checkbox"/> Technology Hard Materials
<input type="checkbox"/> Digital Technology	<input type="checkbox"/> Technology Textiles
<input type="checkbox"/> Food Technology	

4. **Number FIVE options in order of preference**

IF AN OPTION IS SELECTED IN SECTION 1, 2 OR 3, DO NOT SELECT AGAIN IN THIS SECTION

<input type="checkbox"/> Agriculture	<input type="checkbox"/> Music
<input type="checkbox"/> Art	<input type="checkbox"/> Sport Performance Basketball
<input type="checkbox"/> Commerce	<input type="checkbox"/> Sport Performance Football
<input type="checkbox"/> Design and Visual Communication	<input type="checkbox"/> Sport Performance Hockey
<input type="checkbox"/> Digital Technology	<input type="checkbox"/> Sport Performance Netball
<input type="checkbox"/> Drama	<input type="checkbox"/> Sport Performance Rugby
<input type="checkbox"/> Food Technology	<input type="checkbox"/> Te Reo
<input type="checkbox"/> French	<input type="checkbox"/> Technology Hard Materials
<input type="checkbox"/> Horticulture	<input type="checkbox"/> Technology Textiles
<input type="checkbox"/> Japanese	

* *A student may only choose one Sport Performance option.*

* *Any variation to the above selections must have the Year 9 Dean's approval*

SECTION F: SUBJECTS IF ENTERING YEAR 10, 11, 12 or 13

Course selection is to be made in consultation with the Year Level Dean.

1. _____	4. _____
2. _____	5. _____
3. _____	6. _____

SECTION G: PREVIOUS SECONDARY SCHOOLS, IF NOT ENTERING YEAR 9

School: _____ Year Level/s: _____

School: _____ Year Level/s: _____

SECTION H: 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 I: AGREEMENT

More detailed information relating to the points below can be found in the prospectus on the school's website – www.feildinghigh.school.nz

In signing the enrolment form I / we agree:

- a) To abide by all school regulations set down by the Board of Trustees and directions given by the Principal and staff.
- b) To treat other students and staff with respect.
- c) To liaise with the school on all matters affecting the welfare of our son / daughter.
- d) To update parents / caregivers details if they change.
- e) To support the Discipline and Detention policies.
- f) To abide by the ICT / Digital Citizenship - Student Acceptable Use policy.
- g) That the above student will attend punctually and will not be absent without the approval of the Principal except in cases of illness or emergency.
- h) To the terms and conditions of the school agricultural procedures should my son / daughter participate in Agriculture / Primary Industries courses.
- i) To abide by the NQF rules as outlined in the school's NQF Handbook which can be found on the school's website: Academic, NCEA and NZQA.
- j) To pay fees or charges set from time to time by the Board of Trustees. Unpaid accounts will incur late payment fees and collection costs.
- k) To make payment for damage or disfigurement caused by the student to school property.
- l) To grant access to FAHS – Feilding High School to have previous schools' information.
- m) In the event of a co or extra-curricular event not proceeding all monies, minus expenses incurred, will be returned to the student as soon as all invoices have been cleared and potential third party refunds received.

FATHER / CAREGIVER: _____ Date: _____

MOTHER / CAREGIVER: _____ Date: _____

STUDENT: _____ Date: _____

Please Note: Application for Hostel Accommodation requires the completion of a separate form.

Please Ensure You Have Attached:

- Birth Certificate or Passport
- Proof of address
- Signed EOTC form
- Completed Parent / Caregiver and Student Information form
- Current court orders if applicable
- Visa details if applicable