# FAHS - FEILDING HIGH SCHOOL APPLICATION FOR SCHOOL ENROLMENT 2024

## **STUDENT**

National Student Number:		[	] In Zone	[	] Out of Zone	
Enrolment Date:		Si	art Date:			
Year Level (tick one):	Year 9 [ ] Year 11 [ ]	Year 10 Year 12		[ ]	Year 13	[ ]
TYPE OF STUDENT	Regular [ ] ORS [ ]	Exchang Foreign	e Fee Paying	[ ]	Migrant	[ ]
THE STUDENT WILL LIVE	At Home [ ] Other [ ]	L.J. Wild	l House	[ ]	Private Boardin	g[ ]
Date of Birth:	/	Legal Ge	ender: Male	[ ]	Female	[ ]
Legal Student Surname:						
Legal Student First Names:						
Preferred First Name:						
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 Nam	ne)		
ATTACH COPY OF BIRTH CERTIFICATE (This application cannot be accepted without a Birth Certificate.)						
IF NOT A NEW ZEALAND CITIZEN also attach passport / visa details for the student and the working parent.						
Language Spoken at Home:		C	ountry of Birt	h:		

BELONG, ENGAGE, SUCCEED

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

If you don't know the contact details of an	y of the legal guardians, please explain and provide evidence if possible.
Mother's Name:Address:	4.11
Cell Phone:  Email Address:  Occupation:  Work Place:  Work Phone:	Occupation: Work Place:
Where will this student be living and with the circumstances.	whom? Please provide proof of address if it is not with Legal Guardians and explain
Are there any Court appointed additional <u>I</u>	Legal Guardians? YES / NO
If yes, please provide details and proof of t	this, including a copy of the Court Order.
<u>ADDITIONAL LEGAL GUARD</u>	ADDITIONAL CAREGIVER 1 (E.g. Step Parent, Grandparent – please refer to guidelines)
Name:Address:	Name: Address:
Address:  Cell Phone:	Name: Address:  Cell Phone:
Address:  Cell Phone: Email Address:	Name: Address:  Cell Phone: Email Address:
Address:  Cell Phone: Email Address: Occupation:	Name: Address:  Cell Phone: Email Address: Occupation:
Address:  Cell Phone: Email Address: Occupation: Work Place:	Name: Address:  Cell Phone: Email Address: Occupation: Work Place:
Address:  Cell Phone: Email Address: Occupation: Work Place: Work Phone:	Name: Address:  Cell Phone: Email Address: Occupation: Work Place: Work Phone:
Address:  Cell Phone:  Email Address:  Occupation:  Work Place:  Work Phone:	Name: Address:  Cell Phone: Email Address: Occupation: Work Place: Work Phone:
Address:  Cell Phone: Email Address: Occupation: Work Place: Work Phone: Relationship to Student:  ADDITIONAL CAREGIVER 2	Name: Address:  Cell Phone: Email Address: Occupation: Work Place: Work Phone: Relationship to Student:
Address:  Cell Phone: Email Address: Occupation: Work Place: Work Phone: Relationship to Student:  ADDITIONAL CAREGIVER 2  Name:	Name: Address:  Cell Phone: Email Address: Occupation: Work Place: Work Phone: Relationship to Student:
Address:  Cell Phone: Email Address: Occupation: Work Place: Work Phone: Relationship to Student:  ADDITIONAL CAREGIVER 2  Name: Address:	Name: Address:  Cell Phone: Email Address: Occupation: Work Place: Work Phone: Relationship to Student:
Address:  Cell Phone: Email Address: Occupation: Work Place: Work Phone: Relationship to Student:  ADDITIONAL CAREGIVER 2  Name: Address: Cell Phone:	Name: Address:  Cell Phone: Email Address: Occupation: Work Place: Work Phone: Relationship to Student:
Address:  Cell Phone: Email Address: Occupation: Work Place: Work Phone: Relationship to Student:	Name: Address:  Cell Phone: Email Address: Occupation: Work Place: Work Phone: Relationship to Student:  Please provide any details regarding additional caregiver(s).
Address:  Cell Phone: Email Address: Occupation: Work Place: Work Phone: Relationship to Student:  ADDITIONAL CAREGIVER 2  Name: Address: Cell Phone: Email Address: Occupation:	Name: Address:  Cell Phone: Email Address: Occupation: Work Place: Work Phone: Relationship to Student:  Please provide any details regarding additional caregiver(s).
Address:  Cell Phone: Email Address: Occupation: Work Place: Work Phone: Relationship to Student:  ADDITIONAL CAREGIVER 2  Name: Address: Cell Phone: Email Address: Occupation: Work Place	Name: Address:  Cell Phone: Email Address: Occupation: Work Place: Work Phone: Relationship to Student:  Please provide any details regarding additional caregiver(s).

# (Cannot be anyone named previously, but essential to ensure the safety of this student.) Name: Relationship to student: Phone Numbers: Email Address: Address: Work Phone: Please provide any additional information about this student's living arrangements. **PASTORAL CARE OUTSIDE AGENCY INVOLVEMENT** - Has your child had involvement with: CAFS/CAMHS Oranga Tamariki (CYFS) Manchester House Oranga Hine Ngaro MOE Learning Support Police Youth Aid Te Manawa Services **RTLB** ACC Other (please specify): Does this young person have a Lawyer for Child? YES / NO If so, please provide name and telephone number. Has your child ever been Stood Down, Suspended or Excluded from any school? YES / NO If so, from which school? **SCHOOL BUS ROUTES** (Please tick the MOE bus route) ] Mt Biggs / Sanson ] Apiti / Kimbolton ] Awahuri / Sanson ] Halcombe / Reu Reu Road ] Makino / Waituna ] Waiata / Colyton ] Sanson Direct Other (specify)

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

Distance from home to FAHS - Feilding High School: \_\_\_\_\_km

LOCAL EMERGENCY CONTACT

## **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 ON  [ ] French [ ] Te Reo Maori or	<u>E</u> of) [ ] [ ]	Japanese Te Reo Maori (full year)
2.	ARTS OPTIONS (Tick ONE of)  [ ] Art [ ] Music	[ ]	Drama
3.	TECHNOLOGY OPTIONS (Tick  [ ] Graphics and Design (DVC)  [ ] Digital Technology  [ ] Food and Nutrition Technology		Hard Materials Technology Textiles Technology
4.	Number <u>FIVE</u> options in order of <u>I</u> <u>IF AN OPTION IS SELECTED IN</u>		OR 3, DO NOT SELECT AGAIN IN THIS SECTION
	[ ] Agriculture [ ] Art [ ] Commerce [ ] Digital Technology [ ] Drama [ ] Food and Nutrition Technology [ ] French [ ] Graphics and Design (DVC) [ ] Hard Materials Technology [ ] Horticulture	[ ]	Japanese Music Sport Performance Basketball Sport Performance Football Sport Performance Hockey Sport Performance Netball Sport Performance Rugby Te Reo Textiles Technology
	udent may only choose one Sport Perfo variation to the above selections must l		an's approval
SUB.	JECTS IF ENTERING YEAR 1	10, 11, 12 or 13	
Course	e selection is to be made in consultation	with the Year Leve	l Dean.
1.			4.
2.		<del></del>	5
3.		<u>-</u>	6.

#### **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, Gateway and U-Skills 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.
- 1) 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.

FATHE	R / CAREGIVER:	Date	:	
MOTHE	ER / CAREGIVER:		Date:	
STUDE	NT:	Date	·	
<u>Please Note</u> : Application for Hostel Accommodation requires the completion of a separate form.				
<u>Please</u> □ □ □ □ □ □ □	Proof of address for all Signed EOTC form	plication cannot be accepted without a Birth Ce arties giver and Student Information form	rtificate)	