FAHS - FEILDING HIGH SCHOOL APPLICATION FOR SCHOOL ENROLMENT 2025

<u>STUDENT</u>								
National Student Number:				[] In Zone		[] Out of Zone	
Enrolment Date:				Start Date:				
Year Level (tick one):	Year 9 Year 11]]	Year 10 Year 12	[[]	Year 13 []
TYPE OF STUDENT	Regular ORS]]	Exchange Foreign Fee Paying	[[]	Migrant []
THE STUDENT WILL LIVE	At Home Other] []	L.J. Wild House	[]	Private Boarding []
Date of Birth:	/	/		Legal Gender: Male	[]	Female []
Legal Student Surname:								
Legal Student First Names:								
Preferred First Name:								
Current School:								
SIBLINGS								
Name and Group of siblings at FA	AHS:							
ETHNIC BACKGROUND (ticl	k as appropriate)						
NZ Maori []	NZ European	ı []	Other	[]		
If other, please specify:								
Iwi Affiliation (refer to enclosed	sheet):			(Code and Na	me)			
ATTACH COPY OF BIRTH C	CERTIFICATE	T) :	his ap	oplication cannot be accepte	d w	ithout	a Birth Certificate.)	
IF NOT A NEW ZEALAND C	ITIZEN also at	tac]	h pass	sport / visa details for the stu	ıden	nt and	the working parent.	
Language Spoken at Home:			-	Country of Bi				

BELONG, ENGAGE, SUCCEED

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

(Those named on the Birth Certificate)	OF LEGAL GUARDIANS
If you don't know the contact details of any of the	e legal guardians, please explain and provide evidence if possible.
Mother's Name:	Father's Name:
Address:	Address:
Cell Phone:	Cell Phone:
Email Address:	Email Address:
Occupation:	Occupation:
Work Place:	Work Place:
Work Phone:	Work Phone:
Are there any Court appointed additional Legal C	Guardians? YES / NO
Are there any Court appointed additional <u>Legal C</u>	<u>Juardians</u> ? I ES / NO
ADDITIONAL LEGAL GUARDIANS	ADDITIONAL CAREGIVER 1 (E.g. Step Parent, Grandparent – please refer to guidelines)
Name:	Name:
Address:	Address:
Cell Phone:	Cell Phone:
Email Address:	Email Address:
Occupation:	Occupation:
Work Place:	Work Place:
Work Phone:	Work Phone:
Relationship to Student:	Relationship to Student:
ADDITIONAL CAREGIVER 2	Please provide any details regarding additional caregiver(s).
Name:	
Address:	
Cell Phone:	
Email Address:	
Occupation:	
Work Place	
Work Phone:	
Relationship to Student:	

LOCAL EMERGENCY CONTACT (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 MOE Learning Support Oranga Hine Ngaro Police Youth Aid Te Manawa Services ACC RTLB 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)] Apiti / Kimbolton] Mt Biggs / Sanson] Awahuri / Sanson] Waiata / Colyton] Halcombe / Reu Reu Road Makino / Waituna] 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:

YEAR 9 OPTION SELECTION

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

TICK EACH OPTION SUBJECT ONCE

1.	ARTS OPTIONS (Tick ONE of) [] Art [] Music	[]	Drama
2.	TECHNOLOGY OPTIONS (Tick ONE of a Graphics and Design (DVC) [] Digital Technology [] Food and Nutrition Technology	of) [] []	Hard Materials Technology Textiles Technology
3.	Number <u>SIX</u> options in order of preferen <u>IF AN OPTION IS SELECTED IN SEC</u>		R 3, DO NOT SELECT AGAIN IN THIS SECTION
* <u>Any</u>	[] Agriculture [] Art [] Commerce [] Digital Technology [] Drama [] Food and Nutrition Technology [] French [] Graphics and Design (DVC) [] Hard Materials Technology [] Horticulture Ident may only choose one Sport Performance variation to the above selections must have the SECTS IF ENTERING YEAR 10, 11	ie Year 9 De	Japanese Music Sport Performance Basketball Sport Performance Football Sport Performance Hockey Sport Performance Netball Sport Performance Rugby Te Reo Textiles Technology
Course	selection is to be made in consultation with the	ne Year Leve	l Dean.
1.			4
2.			5
3.			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.

FATHER / CAREGIVER:	Date:				
MOTHER / CAREGIVER:		Date:			
STUDENT:	Date:				
<u>Please Note:</u> Application for Hostel Accommodation requires the completion of a separate form.					
□ Proof of address for a□ Signed EOTC form	application cannot be accepted without a Birth Ce ll parties aregiver and Student Information form f applicable	rtificate)			