



FAHS - FEILDING HIGH SCHOOL

Application For Student Hostel Accommodation

Student's Name (Male / Female) _____ Date of Birth _____

Address _____

Year Admission Requested _____

Current School Year (circle one) 5 6 7 8 9 10 11 12

Parents / Guardians Names _____

Telephone (Private) _____ (Business) _____

Email Address _____

Present Primary School _____

Brothers / Sisters at FAHS – Feilding High School _____

Distance from Nearest Secondary School _____

Distance from Nearest Secondary School Bus _____

Details of any Previous Connection with the School _____

Any Special Reason for Making Application _____

Signature of Mother / Guardian _____

Signature of Father / Guardian _____

Date _____

LJ WILD HOUSE

Medical / Behaviour / Family Background Information

We ask that you provide a full and honest statement regarding all issues of your child's health both physical and mental. If any of the following details are found to be incorrect we reserve the right to remove the student from LJ Wild House.

1. **Family Composition** (Family members in household e.g. mother, brother. Please include age of siblings.)

a. b. c. d. e. f.

2. **Agency Support**

Has your child been involved with any of the following agencies:

CYF Yes / No

CAFS / CAMHS Yes / No

Police Youth Aid Yes / No

Family Support Agencies Yes / No

- Across Social Services
- Open Home Foundation
- Aroha Noa
- Tautoko
- Other (please specify)
- MOE Special Education Services

RTLB Yes / No
(Resource Teacher of Learning and Behaviour)

Are there currently any Court Orders in place relevant to your child / family? Yes / No
(Please provide details and copies.)

3. **Medical**

Has your child been diagnosed with any of the following conditions:

- Anxiety Yes / No
- Depression Yes / No
- Eating Disorders Yes / No
- Food Allergies Yes / No
- Bee / Wasp Allergies Yes / No
- ADHD / ADD Yes / No
- Obsessive Compulsive Disorder Yes / No
- Other (please specify) _____

4. **Previous School Behaviour**

Has your child ever been suspended or excluded from any school? Yes / No

Reason: _____

Outcome: _____

5. **Learning Support Requirements**

Does your child require any extra support for the following learning challenges? Yes / No
(Please circle)

Dyslexia Reading and writing difficulties Vision Impairment

6. **Please attach a copy of:**

- The most recent school report for your child
- A photo of your child – this can be of them doing something that they enjoy