



APPLICATION FOR ENROLMENT

NB: Completion of this form does not guarantee a place at Bayfield High School.

Enrolling in Year 9 10 11 12 13

Start Date:

STUDENT

Legal Surname Legal First Names
(Block letters) (Including middle names)

Preferred Name Date of Birth Male Female Other

Address
(Street) (Suburb)

.....
(City) (Post Code) (Student's Cell Phone Number)

Student Lives with: Both Parents Mother Father Caregiver

CAREGIVER 1 DETAILS

Mother / Father / Step-Mother / Step-Father / Other

Surname First Name(Dr / Mr / Mrs / Miss / Ms)

Street Address

Suburb City Post Code

Home Phone Work Phone

Cellphone Email

Occupation

CAREGIVER 2 DETAILS

Mother / Father / Step-Mother / Step-Father / Other

Surname First Name(Dr / Mr / Mrs / Miss / Ms)

Street Address

Suburb City Post Code

Home Phone Work Phone

Cellphone Email

Occupation

EMERGENCY CONTACT (If Caregiver 1 and Caregiver 2 unavailable)

Relationship to student

Full Name

Home Phone Work Phone

Cellphone Email

OTHER STUDENT DETAILS

Previous School Class Teacher

Ethnicity (up to 3): NZ European Maori Pacific Island Cook Island Other

If Maori, please state Iwi if known (i) (ii) (iii)

Country of birth:

Residency / Citizenship? Yes No If No, what date did you enter New Zealand

If born outside of New Zealand a copy of the student's passport, and a parent's passport, must also accompany the application.

What is the main language spoken at home: English Other
(Please specify)

FAMILY HISTORY

Brothers / sisters who are attending or who have attended Bayfield High School Yes No

Name(s) House:
Anderson/Begg/Herron/Ross/Somerville

Are there any specific access / custody orders that the school should be aware of? Yes No

Are there any other community agencies, e.g. CYFS, Mirror Counselling, Youth Specialty Services, Youth Aid, involved in supporting this student. Yes No If yes, please give details or attach a separate letter.

MEDICAL DETAILS

Allowed Panadol: Yes No Please list any medical problems and information the school should be aware of:

Doctor Medical Centre Phone

Immunisation up-to-date? Yes No

EDUCATIONAL INFORMATION

Please attach a copy of your child's latest school report, or complete the following:

Place a 'x' on the line to indicate your estimate of your child's ability for reading, writing, and mathematics.

Reading Ability: Needs Support _____ Avid Reader
Writing Ability: Needs Support _____ Articulate Writer
Mathematics: Needs Support _____ Talented Mathematician

Are there any identified learning needs, e.g. ADHD, dyslexia, dysgraphia? Yes No
If Yes, please provide a copy of any specialist reports.

Have other agencies, other than school, assisted your child's learning? e.g. RTLB service, Special Education, Kip McGrath, SPELD, Number Works n Words. Yes No

If Yes, please state agency

CO-CURRICULAR INVOLVEMENT

Which sports has this student been involved with prior to enrolling at Bayfield High School?

.....

Level of Achievement

Which sports would they like to be involved with at Bayfield High School?.....

.....

What music, dance, drama or other performing arts activities has this student been involved with prior to enrolling at Bayfield High School?

.....

Level of Achievement

Which music, dance, drama or other performing arts activities would they like to be involved with at Bayfield High School?

.....

STUDENTS ENROLLING FROM ANOTHER HIGH SCHOOL

Name of School NSN Number

Copies provided of previous reports and credits achieved from your previous school Yes No

Subjects currently taken at previous school

.....

FINANCIAL AND ADMINISTRATIVE INFORMATION

Invoices / Accounts are to be sent to: Both parents Father only Mother only Caregiver only Other

Other (Please give details)

If accounts are to be split for payment, please state how you would like this to be done:

.....

Reports / Newsletters are to be sent to: Both parents Father only Mother only Caregiver only Other

Other (Please give details)

STUDENT UNDERTAKING

Please tick:

- I request that I be admitted to Bayfield High School.
- I agree to abide by the school's expectations for behaviour, work completion, attendance, and uniform.

Signed Date

PARENT / CAREGIVER UNDERTAKING

Please tick:

- I agree to support the school's expectations for behaviour, attendance, homework, uniform and all other matters concerning the welfare of my son / daughter at Bayfield High School.
- I give consent to my child's photograph and / or school work being used by the school for the purpose of promotion within the school newsletter, newspaper, magazine, website or other promotional advertising.
- I agree to pay all compulsory fees associated with selected course and take home components. I agree that minor school related costs such as for travel to Athletic Sports or the cost of a Student Diary may be added to my account when applicable. All compulsory school fees and charges are to be paid in full before the end of term one, unless alternative arrangements have been agreed to by the school. Unpaid accounts will be referred to a collections agency. All costs incurred in the collection of overdue accounts will be payable by the parents / caregivers.

Address, email address, and phone number details are collected at the time of enrolment and during the student's time at school so that the school can contact the parent or student as necessary, including subscription to our email newsletters. These contact details, students' qualifications, career aspirations and / or tertiary study plans and other details may also be passed on to the Ministry of Education, the Ministry of Social Development (MSD) or other relevant agencies.

Family circumstances may change in the course of a year. The more up-to-date information we have, the better. Please notify the school of any changes to a living arrangement, address, contact number or health issue AS SOON AS POSSIBLE by a note or email to the school.

Signed Date Relationship to Student

A copy of your child's birth certificate / passport must be provided with your enrolment form.