



Please indicate by ticking box

IN-ZONE ENROLMENT OUT-OF-ZONE APPLICATION

To meet Ministry requirements please present with this form:

1. Proof of residential address
2. (a) **NZ Citizens:** An original or certified copy of the student's Birth Certificate or Passport **and** provide a photocopy to the school.
- (b) **Others:** The student's and a parent/caregiver's Passport **and** provide to the school a photocopy of the Passport personal details and the current visa pages of both parent and student.

Also include copy of latest school report, Student Health Record, Student Interest form.

OFFICE USE ONLY

| | | | |
|------------------|-------------|-------|----|
| YEAR | 11 | 12 | 13 |
| CORE/MENTOR | _____ | | |
| ENROLMENT # | _____ | | |
| NSN # | _____ | | |
| STARTED | ___/___/___ | _____ | |
| IN-ZONE VERIFIED | _____ | | |
| Entered on KAMAR | _____ | | |
| Entered on ENROL | _____ | | |

Section 1: Student/ Ākongā Personal Details

| | | | |
|---|------------------------------|--|----------------|
| Whānau/Last Name (Legal) | _____ | First Name(s) (Legal) | _____ |
| Whānau/Last Name (Preferred) | _____ | First Name (Preferred) | _____ |
| Gender | _____ | Date of Birth | _____ |
| Home Phone | _____ | Student Cellphone | _____ |
| Address | _____ | | |
| Suburb / Postcode | _____ | | |
| Language(s) spoken most often at home by whānau/caregivers | _____ | Language(s) spoken most often at home by child/student | _____ |
| Cultural Identity | _____ | _____ | _____ |
| | <i>Group 1</i> | <i>Group 2</i> | <i>Group 3</i> |
| Iwi (if of Māori descent please enter up to three Iwi or Home area affiliations): | _____ | | |
| | <i>Iwi 1</i> | <i>Iwi 2</i> | <i>Iwi 3</i> |
| Name of Previous School attended | _____ | | |
| Has the student been suspended/excluded from a previous school | <input type="checkbox"/> Yes | <input type="checkbox"/> No | |
| Is this a re-enrolment? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | |
| Sibling(s) currently attending Edgewater College | _____ | | |

Section 2: Citizenship

| | | | |
|--|--|--|--|
| Country of Birth | _____ | Country of Citizenship | _____ |
| New Zealand citizen: | <input type="checkbox"/> Birth Certificate | <input type="checkbox"/> NZ Passport | <input type="checkbox"/> NZ Citizenship Certificate |
| If student is New Zealand born please indicate if either parent is a migrant parent: | | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Please specify the parent's country of birth: | _____ | | |
| NZ Resident: | <input type="checkbox"/> Passport with NZ Residency Permit | | |
| If, student was born outside New Zealand please note Date of Arrival in New Zealand: | _____ | | |
| Australian Citizen: | <input type="checkbox"/> Australian Passport | | |
| Citizen of another country: | <input type="checkbox"/> Passport with Domestic Student Visa | | |
| <i>If eligibility is Domestic Student Visa, a copy of the parent's passport and valid work visa must also be attached.</i> | | | |
| Refugee or Protected person: | | | |
| <input type="checkbox"/> Valid Student Visa | <input type="checkbox"/> Temporary Visa Label | <input type="checkbox"/> Letter from Immigration | <input type="checkbox"/> NZIS Identity Card |
| <input type="checkbox"/> Other Passport | _____ | <input type="checkbox"/> Refugee Travel Document | |

Section 3: Key Contacts living at the same address provided under Section 1.

Key Contact 1

Mr Mrs Miss Ms Other

Whānau/Last Name _____ First Name(s) _____
Relationship to student/Ākonga _____ Cellphone _____
Address _____
Suburb / Postcode _____ Home Phone _____
Email address (pls print) _____ Work Phone _____
Employer _____ Occupation _____

Key Contact 2

Mr Mrs Miss Ms Other

Whānau/Last Name _____ First Name(s) _____
Relationship to student/Ākonga _____ Cellphone _____
Address _____
Suburb / Postcode _____ Home Phone _____
Email address (pls print) _____ Work Phone _____
Employer _____ Occupation _____

Section 4: Key Contacts not living at the same address provided under Section 3.

Key Contact 3

Mr Mrs Miss Ms Other

Whānau/Last Name _____ First Name(s) _____
Relationship to student/Ākonga _____ Cellphone _____
Address _____
Suburb / Postcode _____ Home Phone _____
Email address (pls print) _____ Work Phone _____
Employer _____ Occupation _____
Access rights: Yes No Legal Guardian: Yes No Report required: Yes No

Key Contact 4

Mr Mrs Miss Ms Other

Whānau/Last Name _____ First Name(s) _____
Relationship to student/Ākonga _____ Cellphone _____
Address _____
Suburb / Postcode _____ Home Phone _____
Email address (pls print) _____ Work Phone _____
Employer _____ Occupation _____
Access rights: Yes No Legal Guardian: Yes No

Section 5: Emergency Contact (Person who does not live with Parent/Caregiver 1 or 2 or Student and can drive to collect student from school if required)

Mr Mrs Miss Ms Other

| | |
|--------------------------------------|-----------------------------|
| Whānau/Last Name _____ | First Name(s) _____ |
| Relationship to student/Ākonga _____ | Home Phone _____ |
| Work Phone _____ | Cellphone _____ |
| Email address (pls print) _____ | Employer / Occupation _____ |
| Address _____ | Suburb / Postcode _____ |

Section 6: Additional Information

Donation free school - To support our wider Edgewater College community, we have opted into the Government Donation scheme which means we do not ask for school donations from our parent / caregiver community. The only fees we charge are for extra-curricular voluntary activities such as sport, and for overnight trips.

Ka Ora, Ka Ako | Free School Lunches programme

Edgewater College is a part of the Ka Ora, Ka Ako – Free School Lunches programme. Lunches are provided for all our students; however, you can continue to provide your child's own lunch if you wish. We ask for your support to ensure that the only drink students bring to school is water, or a refillable water bottle that they can fill up onsite.

Please note here any dietary requirements:

Custody Arrangements (copies of legal paperwork attached):

Please give any specific information that we should be aware of in relation to caregiver / custody arrangements.

Learning needs:

Please give any specific information in relation to this student's learning or learning needs?

Any Agency involvement (past and/or present)?

Oranga Tamariki RTLB Whirinaki Strengthening Families Wraparound
 Others (please specify)

Section 7: Privacy Information

The Privacy Act 2020

Edgewater College undertakes to collect, use and store the information voluntarily provided on this application form according to the principles of the Privacy Act 2020. This information may be used for statistical and/or research purposes, for assessing suitability for enrolment, for board elections and for the future education, guidance, monitoring and reporting of student progress and pastoral care. The database information may also be used by the Ministry of Education, Ministry of Social Development, NZ Qualifications Authority, Education Review Office and/or other agencies where the information is required as defined under the Privacy Act.

Section 8: Agreements

- We have read and accept the Edgewater College School Expectations.
- We have read and accept the terms of the responsibilities regarding Cyber safety and Computer use at Edgewater College.

- We have read and accept the statement from the Board of Trustees concerning cigarettes, alcohol or illegal drugs.
- We have read and accept the statement on the publication of Student work and Photographic images being used for publicity material e.g., Newsletters, Prospectus, Yearbook, Website etc.

Section 9: Declarations

I request that (student name) _____ be enrolled at Edgewater College.

I declare that the details provided on this application form are true and correct.

I certify that I live full time at the above address with _____ (Student's name) and that I am the parent or legal guardian of this student.

For IN-ZONE students only: I agree that the address I have given will be the usual place of residence of my child while attending Edgewater College. I will tell the school of any change of address before my child moves to the new address. By signing the declaration, I agree that the information collected by the school can be used as noted in Section 7: Privacy Information.

Parent/Legal Guardian Name _____

Parent/Legal Guardian Signature _____ Date ____/____/____

As a **student at Edgewater College**, I agree to strive to:

- aim for academic excellence by completing classwork, assignments and homework on time.
- maintain an excellent record of behaviour, attendance, punctuality and appearance including meeting the Edgewater College school expectations at all times.
- respect the dignity and rights of all members of the Edgewater College community.

Student Name (print) _____

Student Signature _____ Date ____/____/____

OFFICE USE ONLY – Enrolment Interview Section

Year 11/12: Choose 6 subjects:

1: _____ 2: _____ 3: _____

4: _____ 5: _____ 6: _____

Year 13: Choose 5 subjects:

1: _____ 2: _____ 3: _____

4: _____ 5: _____

Other notes for Year 11, 12 and 13:

Do you have your own device you can bring to school for learning: **Yes / No**

What sort of device do you own? _____

Sport: _____

Music: _____

Gifts or talents: _____

Learning support / needs: _____

Other notes: _____

Interviewed by _____ (Staff code)

During the year (WMS): Application **accepted**; family informed. Application **declined**; family informed.