



APPLICATION FORM

For Year 9/10 Enrolment in 2018

Private and Confidential

Please print clearly in blue or black pen

- Complete the form fully
- Read Declaration on back page
- Sign and date the document on back page

Office Use Only

House/Group

NSN Enrolment

Enrolment No

The student is applying for a position in - Year 9 Year 10

Date to start at NPBHS

Date of Birth

Student's Details

Student's Legal Surname

(As on birth certificate or passport)

Legal First Names

(As on birth certificate or passport)

Preferred Surname

Preferred First Names

Previous Intermediate

Primary School

Previous Teacher

Ethnic Group New Zealand European

New Zealand Māori Specify Iwi

Pacific Islander Specify

Asian Specify

Other Specify

Student Cellphone No.

Please provide the following identification -

New Zealand Citizenship (require a copy of one of the following): Birth Certificate Passport Citizenship Certificate

New Zealand Residency (require both): Passport Visa Australia Citizen (required): Passport

Overseas Students (require both): Passport Visa



Boarder Yes No

Does the student have brothers currently at the school? Yes No

Full Names(s) and years

Do you wish for your son to be in his brother's pastoral group? Yes No

Do you wish for your son to be in a Maori pastoral group? Yes No

Is English a second language? Yes No

If yes, please state first language

Contacts

Primary Caregiver (Main Residence)

Primary Caregiver 1
Title First Name Surname

Relationship to student

Residential Address

Postal Address (if different)

Town Postcode

Occupation

Email

Home Phone No.

Cellphone No.

Work Phone No.

Primary Caregiver 2
Title First Name Surname

Relationship to student

Occupation

Email

Cellphone No.

Work Phone No.

Secondary Caregivers (Secondary/Shared Residence)

Secondary Caregiver 1

<input type="text"/>	<input type="text"/>	<input type="text"/>
Title	First Name	Surname

Relationship to student

Residential Address

Postal Address (if different)

Town

Postcode

Occupation

Email

Home Phone No.

Cellphone No.

Work Phone No.

Secondary Caregiver 2

<input type="text"/>	<input type="text"/>	<input type="text"/>
Title	First Name	Surname

Relationship to student

Occupation

Email

Cellphone No.

Work Phone No.

Special Family Circumstances

Emergency Contact

Name of Contact

<input type="text"/>	<input type="text"/>	<input type="text"/>
Title	First Name	Surname

Relationship to student

Address

Home Phone No.

Cellphone No.

Work Phone No.



Medical

Student's Full Name

Date of Birth

Doctor's Name Telephone No

Dentist's Name Telephone No

Allowed Panadol (please tick) Yes No Allowed Ibuprofen (please tick) Yes No

Do you take any prescription medicines? Yes No

Please state prescription medicine

Medical Conditions/Impairments

- | | | | | |
|--|-------------------------------------|--|--|--|
| <input type="checkbox"/> Asthma | <input type="checkbox"/> Depression | <input type="checkbox"/> Migraines | <input type="checkbox"/> Diabetes | <input type="checkbox"/> Sleep Disorder |
| <input type="checkbox"/> Epileptic | <input type="checkbox"/> Gluten | <input type="checkbox"/> Visually Impaired | <input type="checkbox"/> Fainting | <input type="checkbox"/> Lactose |
| <input type="checkbox"/> Hearing | <input type="checkbox"/> Hay Fever | <input type="checkbox"/> Peanuts | <input type="checkbox"/> Asperger's | <input type="checkbox"/> Eye Impairments |
| <input type="checkbox"/> ADHD | <input type="checkbox"/> Seizures | <input type="checkbox"/> Anxiety Disorder | <input type="checkbox"/> Heart Condition | <input type="checkbox"/> Other Allergies |
| <input type="checkbox"/> Back Conditions | <input type="checkbox"/> Coeliac | <input type="checkbox"/> Other | <input type="text"/> | |

Reactions

- | | | | | |
|---------------------------------------|---------------------------------------|----------------------------------|---------------------------------------|-------------------------------------|
| <input type="checkbox"/> Anaesthetics | <input type="checkbox"/> Insect Bites | <input type="checkbox"/> Aspirin | <input type="checkbox"/> Penicillin | <input type="checkbox"/> Bee Stings |
| <input type="checkbox"/> Sulphur | <input type="checkbox"/> Codeine | <input type="checkbox"/> Amoxil | <input type="checkbox"/> Food Allergy | <input type="checkbox"/> Morphine |

Immunisations (please tick appropriate box)

- | | | | |
|--|--|-----------------------------|----------------------|
| DTPH Vaccination
<small>Diphtheria, Tetanus, Whooping Cough (usually given at Intermediate)</small> | <input type="checkbox"/> Yes <input type="checkbox"/> No | Date Received (Approximate) | <input type="text"/> |
| Hepatitis B Vaccination | <input type="checkbox"/> Yes <input type="checkbox"/> No | Date Received (Approximate) | <input type="text"/> |
| Meningococcal-Meningitis | <input type="checkbox"/> Yes <input type="checkbox"/> No | Date Received (Approximate) | <input type="text"/> |
| MMR Vaccination
<small>Measles, Mumps, Rubella</small> | <input type="checkbox"/> Yes <input type="checkbox"/> No | Date Received (Approximate) | <input type="text"/> |
| TB Vaccination
<small>Tuberculosis - BCG</small> | <input type="checkbox"/> Yes <input type="checkbox"/> No | Date Received (Approximate) | <input type="text"/> |
| Tetanus Vaccination
<small>Vaccine called Boostrix/ADT</small> | <input type="checkbox"/> Yes <input type="checkbox"/> No | Date Received (Approximate) | <input type="text"/> |

Hostel Students Only - I give permission for the matron to arrange a flu injection each year - Yes No

Extra Health Notes

Other Details

Transport to and from School (please tick)

Bike

BUS Route No.

Car (caregiver)

Vehicle/Passenger Permission

At times during the year, the school may permit students to travel with other students and/or parents as either drivers in their families' car, or, as passengers where another student is the driver. Would you please complete the relevant areas below so that we are aware of your requirements.

I give / do not give (delete one) permission for my/our son to travel as a passenger in a car driven by a student.

We agree to observe all traffic regulations and safety procedures in the transport of students. The school reserves the right to revoke this permission.

Please Initial

Parent Teacher Association (PTA)

The PTA meets on the first Tuesday of each month during term time in the school staff room at 7.30pm. The association has guest speakers and topical conversations, as well as the Headmaster and senior staff sharing information with the parent community. Fund raising is not a core activity of the PTA.

Would you like to go on the PTA mailing list to be notified of meetings? Yes No

Education Outside The Classroom (EOTC)

Medical Details

I give permission for my son to participate in activities outside the classroom such as sport, cultural and curriculum trips.

- I agree that he should take part in such activities and such necessary duties as may be required by the staff.
- I authorise the obtaining on my behalf any medical assistance, if, in the opinion of the staff, such treatment is necessary, and agree to meet any costs incurred.
- To the best of my knowledge he has no medical or physical disabilities likely to prove detrimental to him or others during the programme.
- I understand that the school will not accept responsibility for loss or damage of personal property.
- Normal school rules and expectations exist in activities outside the classroom and should my son be involved in a serious disciplinary problem I accept that he may be sent home at my expense.

Acknowledgement of Risk

- I understand that there are risks associated with involvement in school EOTC events and that these risks cannot be completely eliminated.
- I understand that the school will identify any foreseeable risks or hazards and implement correct management procedures to eliminate, isolate, or minimize those hazards.
- I understand that my child has been involved in the development of safety procedures.
- I recognize that participation in such activities is voluntary and not mandatory. My child and I both understand that he may withdraw from the activity if he feels at risk, but that this must be done in consultation with the person in charge.

I/We give permission for my/our son to be involved in low risk activities outside the classroom and understand all reasonable care and supervision will be provided.

Please Initial



Use of Internet and Computers

Students are provided with Internet access through parent consent as part of the enrolment process. The Internet is to be used for educational purposes, and although the school has taken precautions to eliminate controversial material, it is not possible to restrict access to all such materials and therefore, access remains the students responsibility.

Students will be provided with an individual login which will give them access to the school's network. As part of this they will get a personal email address and have access to the Internet. While the school will do its best to restrict student access to offensive/dangerous or illegal material on the Internet or through email it is the responsibility of your son to have no involvement with such material.

Please Initial

Student's Signature

Important to Read

Personal Information And The Privacy Act (1993)

New Plymouth Boys' High School collects and keeps a large amount of personal information about each student. The Privacy Act 1993 protects the information you give the School and details conditions under which personal information can be obtained, used, stored and exchanged with other interested parties. The School has policies and procedures which reflect the twelve Privacy Principles as set out in the Act to protect this information.

The School collects personal information from its students so that they can be enrolled at the School, have their attendance and progress recorded, be entered for examinations, or be contacted by the School. The School also collects information about the caregivers of the student so that they may be informed of student progress, or contacted by the School, because the safety of the student is important.

Personal information may be disclosed to other education agencies, such as the Ministry of Education and the New Zealand Qualifications Authority; and to Government agencies such as the New Zealand Police if they demonstrate a statutory right to obtain it. Personal information may be retained by the School after the student leaves in order for the School to maintain a list of past students. Personal information may also be disclosed to the New Plymouth Boys' High School Old Boys' Association and the New Plymouth Boys' High School Parent Teacher Association to assist in compiling its membership register.

Under the Privacy Act 1993 you have the right of access to all personal information held by the School about you. You also have a right to ask the School to correct any information held which is inaccurate. You can exercise that right by applying to the School.

You also have an obligation to advise the School if/when any of the personal information you have provided changes. If for any reason your enrolment is not accepted, this enrolment form will be destroyed.

In the interest of safety and security the School requires parent permission for the publishing of student's names or photographs on our website, and in our newsletters.

We will share, if given permission, no more than a student's first name and/or photograph via the newsletter, or the wider online community via the school website.

Please indicate your wishes by ticking the relevant box -

I give permission for my child's first name, photograph, or work to appear in the school newsletter or on the school website.

I do not give permission for my child's first name, photograph, or work to appear in the school newsletter or on the school website.

Please Initial

Junior Option Choices

Year 9 (see Prospectus for more information about Year 9 Option Choices)

Compulsory Subjects

English
Health & Physical Education
Mathematics

Science
Social Science

Technology (select one only)

Technology Electronics

Technology Metal

Technology Wood

Arts (select one only)

Music

Performance Music

Visual Arts

A student must also choose four half-year option subjects, however they CAN NOT repeat a choice from the above -

Agriculture & Horticulture

Business Studies

Classics Studies/Latin

Computer Science

Digital Media

French

Graphics

Home Economics

Music

Performance Music

Spanish

Sports Performance*

Te Reo Māori

Technology Electronics

Technology Metal

Technology Wood

Visual Arts

Back up option

* Students must complete the separate application form and will be tested in Term 4 and notified if they make this programme. If a student misses out they will get their back up option.

Year 10 (see the website for more information about Year 10 Option Choices)

Compulsory Subjects

English
Health Education
Mathematics

Physical Education
Science
Social Science

Visual Arts

A student must choose two half-year option subjects -

Agriculture & Horticulture

Business Studies

Classics Studies/Latin

Computer Science

Digital Media

French

Graphics

Home Economics

Music

Performance Music

Spanish

Sports Performance*

Te Reo Māori

Technology Electronics

Technology Metal

Technology Wood

Back up option

* Placement will be dependent on previous sporting performance and selection by the sport development team.



Declaration

I/we hereby make application to enrol the above student at New Plymouth Boys' High School under the terms and conditions of the School prospectus, which I/we accept as applying to him. I/we will ensure that the student will attend regularly, and I/we agree that he will be subject to the School's rules and I/we will endeavour to see that he obeys them. I/we also certify that all information entered on this enrolment form is factually correct and that I/we have read the prospectus.

Signature(s) of parent(s)/caregiver(s)

Date

Checklist

- Read the current prospectus
- Completed all relevant sections
- Signed Declaration on this page
- Enclose a copy of the applicant's latest school report and other relevant information
- Copy of passport/birth certificate attached

Return to

The Headmaster
New Plymouth Boys' High School
Private Bag 2028
NEW PLYMOUTH 4342

Office Use Only

Enrolled by

Date

Enrolment approved

Date

Computer entry by

Date

ENROL completed

NEW PLYMOUTH BOYS' HIGH SCHOOL

TE KURA TAMATĀNE O NGĀMOTU

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npbhs.school.nz

