



# WAIMAIRI-IRI BURNSIDE HIGH SCHOOL

## Application for Enrolment 2024

Student ID: \_\_\_\_\_

Start Date: \_\_\_\_\_

Form Class: \_\_\_\_\_  
*(Office use only)*

PM/SMP Application:

**Applicant's Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Current or last school:** \_\_\_\_\_ **Room:** \_\_\_\_\_ **Year applying for** (please circle) **9 10 11 12 13**

### ELIGIBILITY

Does the student live permanently in the school zone?

Yes

No

### Student's family connections to the school

Sibling is currently at Waimairi-iri Burnside High School

Name: \_\_\_\_\_ Division: \_\_\_\_\_

Former sibling enrolled in the past

Name: \_\_\_\_\_ Years: \_\_\_\_\_

Parents were former students of the school

Name: \_\_\_\_\_ Years: \_\_\_\_\_

Parent is employed by the Board of Trustees

Name: \_\_\_\_\_

### IN-ZONE ENROLMENT (Please provide copies of ANY relevant documents listed below and complete the in-zone declaration on Page 4)

If New Zealand citizen, a copy of student's birth certificate, passport or Citizenship Certificate

If born outside New Zealand, and a New Zealand Resident, a copy of the student's Permanent Resident Permit and/or Permanent Resident Visa

If Australian citizen, a copy of the student's Australian passport

### If not a New Zealand or Australian resident or citizen, please provide:

A copy of the student's passport

A copy of the student's Student Visa

A copy of a parent's Work Visa

### Proof of residence (provide one of these)

A copy of your Rental Agreement

Copy of your electricity account

Copy of your landline telephone account

### OUT OF ZONE ENROLMENT (Please provide copies of ANY relevant the documents listed below)

If New Zealand citizen, a copy of student's birth certificate, passport or Citizenship Certificate

If born outside New Zealand, and a New Zealand Resident, a copy of the student's Permanent Resident Permit and/or Permanent Resident Visa

If Australian citizen, a copy of the student's Australian passport

### If not a New Zealand or Australian resident, please provide:

A copy of the student's passport

A copy of the student's Student Visa

A copy of a parent's Work Visa

### CONDITIONS OF ENROLMENT

- I hereby make application to enrol the above student at Waimairi-iri Burnside High School under the terms and conditions laid down in the enrolment information, student planner, school bylaws and uniform regulations, and we accept these may change from time to time.
- I will ensure that the student attends regularly and I will endeavour to see that he/she obeys all school rules.
- I consent to the disclosure of personal information to agencies which demonstrate a statutory right to obtain it.
- I agree to my child appearing in any photographs or videos being taken for school publicity purposes.
- I give my permission for teachers or a person authorised by the school to take or send my son/daughter out of school with other members of his/her class to visit places of interest or instruction in the community as part of their organised study, or in a group or team to take part in organised co-curricular activity.
- I certify that all information entered on this enrolment form is factually correct.

**Parents/Caregivers to sign:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**STUDENT DETAILS****Student's legal surname:** \_\_\_\_\_  
(must be as it appears on a birth certificate or passport)**Student's legal first names:** \_\_\_\_\_  
(must be as it appears on a birth certificate or passport)**Preferred Names:** \_\_\_\_\_**Date of Birth:**     
Day Month Year**Gender: M / F****Student's Cellphone:** \_\_\_\_\_**Student's country of birth:** \_\_\_\_\_**Student's Citizenship:** \_\_\_\_\_**Date Arrive in NZ:** \_\_\_\_\_ Involvement in ESOL (English for Speakers of other Languages) or Immersion Programmes**Student's Ethnicity** (Please tick as appropriate — (this information is required by the Ministry of Education for statistical purposes)

- |  |   |  |  |  |
|--|---|--|--|--|
| <input type="checkbox"/> NZ European     | <input type="checkbox"/> Italian            | <input type="checkbox"/> Niuean                | <input type="checkbox"/> Other Southeast Asian | <input type="checkbox"/> Middle Eastern  |
| <input type="checkbox"/> *NZ Maori       | <input type="checkbox"/> German             | <input type="checkbox"/> Tokelauan             | <input type="checkbox"/> Chinese               | <input type="checkbox"/> Latin American  |
| <input type="checkbox"/> British & Irish | <input type="checkbox"/> Australian         | <input type="checkbox"/> Fijian                | <input type="checkbox"/> Indian                | <input type="checkbox"/> African         |
| <input type="checkbox"/> Dutch           | <input type="checkbox"/> Other European     | <input type="checkbox"/> Other Pacific Peoples | <input type="checkbox"/> Sri Lankan            | <input type="checkbox"/> Other – specify |
| <input type="checkbox"/> Greek           | <input type="checkbox"/> Samoan             | <input type="checkbox"/> Filipino              | <input type="checkbox"/> Japanese              | _____                                    |
| <input type="checkbox"/> Polish          | <input type="checkbox"/> Cook Islands Maori | <input type="checkbox"/> Cambodian             | <input type="checkbox"/> Korean                |  |
| <input type="checkbox"/> South Slav      | <input type="checkbox"/> Tongan             | <input type="checkbox"/> Vietnamese            | <input type="checkbox"/> Other Asian           |  |

\*NZ Maori – **IMPORTANT** – iwi/tribe affiliation **MUST** be entered, if known: \_\_\_\_\_The student lives with:  both parents (at the same address)  mother only  father only  both parents (shared care)**MAIN CAREGIVER(S):** (Student lives with all or most of the time)**MOTHER'S DETAILS: (If not Mother please specify, e.g. step-mother, other legal guardian)****Full name (Mrs/Ms/Miss/Dr/Rev)** \_\_\_\_\_**Home Phone:** \_\_\_\_\_ **Mobile:** \_\_\_\_\_ **Email:** \_\_\_\_\_**Occupation:** \_\_\_\_\_ **Work phone number:** \_\_\_\_\_**FATHER'S DETAILS: (If not Father please specify, e.g. step-father, other legal guardian)****Full name (Mr/Dr/Rev)** \_\_\_\_\_**Home Phone:** \_\_\_\_\_ **Mobile:** \_\_\_\_\_ **Email:** \_\_\_\_\_**Occupation:** \_\_\_\_\_ **Work phone number:** \_\_\_\_\_**RESIDENTIAL ADDRESS:****Number/Street:** \_\_\_\_\_ **Suburb:** \_\_\_\_\_**Town:** \_\_\_\_\_ **Post Code:** \_\_\_\_\_**POSTAL ADDRESS WITHIN NZ:** (if different from residential)**Number/Street:** \_\_\_\_\_ **Suburb:** \_\_\_\_\_**Town:** \_\_\_\_\_ **Post Code:** \_\_\_\_\_**Primary Email:** \_\_\_\_\_

(Please provide ONE email address to receive all school information, i.e. reports, accounts, newsletters etc.)

**SECONDARY CAREGIVER FULL CONTACT DETAILS:** (Student also lives with, i.e. shared custody arrangement)

**Mother/Step-mother/Caregiver Full name (Mrs/Ms/Miss/Dr/Rev)** \_\_\_\_\_

**Home Phone:** \_\_\_\_\_ **Mobile:** \_\_\_\_\_ **Email:** \_\_\_\_\_

**Occupation:** \_\_\_\_\_ **Work phone number:** \_\_\_\_\_

**RESIDENTIAL ADDRESS:**

**Number/Street:** \_\_\_\_\_ **Suburb:** \_\_\_\_\_

**Town:** \_\_\_\_\_ **Post Code:** \_\_\_\_\_

**Father/Step-father/Caregiver Full name (Mr/Dr/Rev)** \_\_\_\_\_

**Home Phone:** \_\_\_\_\_ **Mobile:** \_\_\_\_\_ **Email:** \_\_\_\_\_

**Occupation:** \_\_\_\_\_ **Work phone number:** \_\_\_\_\_

**RESIDENTIAL ADDRESS:**

**Number/Street:** \_\_\_\_\_ **Suburb:** \_\_\_\_\_

**Town:** \_\_\_\_\_ **Post Code:** \_\_\_\_\_

**EMERGENCY CONTACT(S):** (in cases of emergency it may be necessary to contact another person, e.g. a relative, family friend or neighbour)

**Name:** \_\_\_\_\_ **Relationship to student:** \_\_\_\_\_

**Daytime phone number:** \_\_\_\_\_ **Mobile:** \_\_\_\_\_

**Name:** \_\_\_\_\_ **Relationship to student:** \_\_\_\_\_

**Daytime phone number:** \_\_\_\_\_ **Mobile:** \_\_\_\_\_

**MEDICAL DETAILS AND LEARNING NEEDS**

**Medical Centre:** \_\_\_\_\_ **Telephone:** \_\_\_\_\_

**Public Health Nurse:** *A Public Health Nurse is available once a week to provide for any youth health needs. You have a right to request your son/daughter does not attend this clinic. We require a letter to this effect. A nil return will be taken as approval to use the health service.*

**Does the student have a medical condition including mental health, disability or allergies:**  Yes  No

Please list any diagnosed social, emotional, intellectual or special medical issues or needs which may impact on the student's ability to take full advantage of all programmes offered by the school.

**Learning needs:** Please specify any learning needs the school should be aware of. (If a student has been assessed by an agency outside school or is ORRS funded, please attach a copy of the report and supporting documents.)

**Personal, family, social circumstances** which would assist us in understanding the student. (Use a separate sheet if necessary.)

**Please note:** Failure to disclose any relevant information may jeopardise your child's education and pastoral care.

## PERSONAL INFORMATION AND THE PRIVACY ACT (1993)

The school collects personal information from its students so that they can be enrolled, 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 in an emergency. Personal information may be disclosed to other education agencies, such as the Ministry of Education, the New Zealand Qualifications Authority; and to Government agencies such as the New Zealand Police and the Ministry of Social Development (MSD) if they demonstrate a statutory right to obtain it. This is so young people who may have difficulty finding future employment, training or further education can be identified and offered support by organisations contracted by MSD to help re-engage young people in education or training when they leave school. Personal information may be retained by the school after the student leaves in order for the school to maintain a list of past students.

Under the Privacy Act 1993 you have the right of access to all personal information held by the school about you or your child. 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 or when any of the personal information you have provided changes.

I agree to the school verifying my immigration status via VisaView with Immigration New Zealand if required.

**Signature of Student:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**If for any reason your enrolment is not accepted, this enrolment form and the accompanying documentation will be destroyed.**

## IN-ZONE DECLARATION

The address given at the time of application for enrolment must be the student's usual place of residence when the school is open for instruction. This means that if you move to an out-of-zone address before your child's first day of attendance at the school, your child will not be entitled to enrol at the school.

The Ministry of Education advises that parents should be warned of the possible consequences of deliberately attempting to gain unfair priority for enrolment by knowingly giving a false address or making an in-zone living arrangement which they intend to be only temporary; for example:

- renting accommodation in-zone on a short-term basis;
- arranging temporary board in-zone with a relative or family friend;
- using the in-zone address of a relative or friend with no intention to live there on an ongoing basis.

If the school learns that a student is no longer living at the inzone address given at the time of application for enrolment, and has reasonable grounds to believe that a temporary in-zone residence has been used for the purposes of unfairly gaining priority in enrolment at the school, then the board can review the enrolment. Unless the parents can give a satisfactory explanation within 10 days, the board may annul the enrolment. This course of action is provided for under Section 72 (2) Schedule 20 (13) of the Education and Training Act 2020.

(i) I confirm that the address which I have provided to the school will be the student's usual place of residence when the school is open for instruction. **I will advise the school immediately of any subsequent change of address.**

If within two years of being accepted as an in-zone applicant, a student's place of residence should be moved out of zone, it is necessary to write to the Principal for permission to continue attendance at the school. Failure to do this may also lead to the enrolment being annulled.

**Signature of Parents/Caregiver:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Signature of Student:** \_\_\_\_\_ **Date:** \_\_\_\_\_

## FINAL CHECKLIST: Please ensure you provide us with the requested documents to support your child's application.

**Failure to do so may result in a delay in processing your application.**

- Have you attached your completed subject choices form?
- Have you attached your completed internet permission form?
- Have you attached a copy of a recent school report?

Where relevant, have you attached:

- A copy of your birth certificate (New Zealand citizen only)
- A copy of your passport (New Zealand/Australian citizen)
- A copy of your student visa AND a parent's work visa (non New Zealand/Australian citizens only)
- If you wish to be considered for Performance Music, have you attached your completed form?
- If your application is IN ZONE, have you attached your proof of residence document?