



# NAYLAND COLLEGE

## Application for Enrolment

166 Nayland Road  
Stoke, Nelson 7011  
Phone: (03) 547 9769  
Facsimile: (03) 547 3498  
Email: [xtend@nayland.school.nz](mailto:xtend@nayland.school.nz)  
Website: [www.nayland.school.nz](http://www.nayland.school.nz)

|  |  |   |  |
|--|--|---|--|
| <b>Form Class (if known):</b><br><i>(Dean to complete)</i> |  | <b>Enrolment Category:</b><br><i>(Dean to complete)</i> |  |
|--|--|---|--|

### Student Details

|   |   |   |   |
|---|---|---|---|
| <b>Student's Surname:</b><br><i>Eg Smith</i>                  |   | <b>Other Surname or previous family name:</b> |   |
| <b>Student's First Name(s):</b><br><i>Eg Christopher John</i> |   |   |   |
| <b>Student's Preferred Name:</b><br><i>Eg Chris</i>           |   |   |   |
| <b>Date of Birth:</b>   | ____ / ____ / ____<br><i>Day Month Year</i> | <b>Gender:</b>                                | <input type="checkbox"/> Female <input type="checkbox"/> Male |

**Student will be starting at Nayland College in Year Level:** *(please circle one)*      9      10      11      12      13

**Date student is expected to start at Nayland College:** \_\_\_\_\_ **Student's Home Ph:** \_\_\_\_\_

**Mail to Whom: (for official letters and invoices)**  
*Eg Mr W and Mrs C Friend*

**Student's Cell Ph:** \_\_\_\_\_

|  |                         |       |                       |       |
|--|-------------------------|-------|-----------------------|-------|
| <b>Address:</b><br><i>(Include Emergency Services or Rapid number for Rural Addresses)</i> | <b>Physical Address</b> |       | <b>Postal Address</b> |       |
|  | Num / Street:           | _____ | _____                 | _____ |
|  | Rural Delivery:         | _____ | _____                 | _____ |
|  | Suburb:                 | _____ | _____                 | _____ |
|  | Town:                   | _____ | _____                 | _____ |
| Postcode:  | _____                   | _____ | _____                 | _____ |

**An Ethnic Group is required by the Ministry of Education for statistical purposes. Please tick one or more.**

NZ European / Pakeha

Maori      Iwi    1. \_\_\_\_\_      2. \_\_\_\_\_      3. \_\_\_\_\_

Do not know (If you do not know the name of your Iwi, please tick or please refer to the 'Iwi Affiliation Reference Sheet' at the College Office)

Pacific Island (please specify): \_\_\_\_\_       Other: (please specify): \_\_\_\_\_

Country of Birth: \_\_\_\_\_

**Previous school before coming to Nayland College:** \_\_\_\_\_

**NSI Number (if known):** \_\_\_\_\_

### Confirmation of Residency

**1. Have you previously attended a New Zealand school?**  
The Ministry of Education requires you to confirm whether or not the student named on this application for enrolment has previously attended a New Zealand school (please tick whichever applies):

Yes I have previously attended a New Zealand school       No I have not previously attended a New Zealand school

**2. Are you a New Zealand Citizen?**

Yes I am a New Zealand citizen       No I am not a New Zealand citizen.

If your answer to this question is 'Yes' and this is your **first enrolment** in a New Zealand school the Ministry of Education requires that you supply the college with evidence of citizenship. You may either bring an original document to the college when delivering this form or when attending your interview and a photocopy will be made.

**Designated College staff member to complete:** Photocopy of following document made for the college's records. \_\_\_\_\_ Staff code

|   |   |
|---|---|
| <input type="checkbox"/> NZ Birth Certificate (inc Cook Island, Niuean, Tokelauan)    | <input type="checkbox"/> NZ Citizenship Certificate                                 |
| <input type="checkbox"/> NZ Passport (inc Cook Island, Niuean, Tokelauan)             | <input type="checkbox"/> Cook Island, Niuean, Tokelauan Letter of Confirmation      |
| <input type="checkbox"/> Cook Island, Niuean, Tokelauan Certificate of Naturalisation | <input type="checkbox"/> Cook Island, Niuean, Tokelauan Certificate of Registration |

- If your answer to this question is 'Yes' and this is **not your first enrolment** please move on to page 2.
- If your answer to this question is 'No' please move to the next question regarding students who are **non New Zealand citizens**.

**3. Are you a non New Zealand Citizen?** If your child was not born in New Zealand the Ministry of Education requires you to supply the college with evidence of their citizenship and eligibility to enrol in a New Zealand school (where applicable). You may either bring your student's original passport to the college when delivering this form or when attending your interview and a photocopy will be made.

**Designated College staff member to complete:** Photocopy of following document made for the college's records. \_\_\_\_\_ Staff code

|  |   |
|--|---|
| <input type="checkbox"/> Passport of (country, eg Australia): _____            | <input type="checkbox"/> Residence Permit                                   |
| <input type="checkbox"/> Student Visa/Permit ('MOE gazetted domestic student') | <input type="checkbox"/> Limited Purposes Permit & letter (secondary study) |
| <input type="checkbox"/> Other, please state: _____                            | First Language (spoken at home): _____                                      |

| Primary Caregivers (Main Residence)  |  |
|--|--|
| <b>Female</b>  | <b>Male</b>  |
| Name: Mrs/Ms/Miss  | Name: Mr   |
| Relationship:  | Relationship   |
| Phone Home:  | Phone Home:  |
| Phone Cell:  | Phone Cell:  |
| Email:   | Email:   |
| <b>Address</b>   |  |
| Num / Street   |  |
| Rural Delivery:  |  |
| Suburb   |  |
| Town:  |  |
| Postcode:  |  |
| Workplace:   | Phone:   |
| Contact in an emergency: <input type="checkbox"/> Yes <input type="checkbox"/> No    | Contact in an emergency: <input type="checkbox"/> Yes <input type="checkbox"/> No    |
| Contact via text if absent: <input type="checkbox"/> Yes <input type="checkbox"/> No | Contact via text if absent: <input type="checkbox"/> Yes <input type="checkbox"/> No |

| Secondary Caregivers (Secondary Residence)   |  |
|--|--|
| <b>Female</b>  | <b>Male</b>  |
| Name: Mrs/Ms/Miss  | Name: Mr   |
| Relationship:  | Relationship:  |
| Phone Home:  | Phone Home:  |
| Phone Cell:  | Phone Cell:  |
| Email:   | Email:   |
| <b>Address</b>   |  |
| Num / Street   |  |
| Rural Delivery:  |  |
| Suburb   |  |
| Town:  |  |
| Postcode:  |  |
| Phone Work:  |  |
| Contact in an emergency: <input type="checkbox"/> Yes <input type="checkbox"/> No    | Contact in an emergency: <input type="checkbox"/> Yes <input type="checkbox"/> No    |
| Contact via text if absent: <input type="checkbox"/> Yes <input type="checkbox"/> No | Contact via text if absent: <input type="checkbox"/> Yes <input type="checkbox"/> No |

| Alternative Emergency Contact |               |
|-------------------------------|---------------|
| Name:                         | Relationship: |
| Phone Home:                   | Phone Cell:   |

| Siblings at Nayland College  |    |    |
|--|----|----|
| If the student being enrolled will have siblings at Nayland College in the year that he or she attends, please list their names below. Siblings include brothers, sisters, stepbrothers, stepsisters and any children of 'blended' families. |    |    |
| 1.   | 2. | 3. |

If there are older siblings at College (living at the same address) we will assume that the details on this form are correct for all siblings. If this is NOT the case, please contact the College office with the correct details.

## Medical Details

Doctor: \_\_\_\_\_

### Medical Treatment

Parents/Caregivers enrolling a student at Nayland College give permission for the administration of first aid by staff with first aid training. Nayland College will give non-prescribed medication (according to the dosages specified) in emergency situations only. A register is kept of the medication and treatment given. Students who require non-prescription medication on a semi-regular basis are encouraged to provide their own supply which will be held in the Student Office for their use only.

### Medication

Do you require the College to hold and/or administer medication for your student?  Yes  No

If 'Yes' the College will make contact to confirm details and complete the necessary consent form/s

## Medical Conditions

Please list any medical issues of which the school should be aware.

| Condition, eg Asthma | Treatment, eg Carries own inhaler (self controlling) |
|----------------------|--|
|                      |  |
|                      |  |
|                      |  |

If there are any special circumstances or information that we need to know, please record it in this box. This could include access arrangements by another parent, learning difficulties, family circumstances. If you think it is relevant, let us know.

**Nayland College requires that the following undertakings be agreed to by the parent/s or legal guardian on behalf of themselves and the enrolling student.**

- I confirm that the information provided on this form is correct and complete.
- I will advise the College of any subsequent change to this information.
- I confirm that the residency information recorded on the previous page is true and correct (*Documents are attached if applicable*)
- I am aware that there are costs associated with a number of College activities. I undertake to pay these costs before the activity takes place, unless I have made other arrangements with the College.
- I consent to the student named on this form taking part in education outside the classroom on-site (within the school grounds) and off-site occurring during school time or finishing before 6.00 pm.
- For the purposes of the Privacy Act 1993, I hereby acknowledge and understand that:-
  - This information has been provided voluntarily and I/we had a choice as to whether to complete all parts of the form or not.
  - The Board of Trustees of Nayland College is collecting this information for the purposes of providing a database relating to the future education, guidance, monitoring and reporting of the student's progress and pastoral care.
  - The information collected may be aggregated for a variety of statistical and research purposes, but ensuring that no individuals can be identified.
  - The student's work and/or photograph/video images may appear in school publications/website and. unless advised otherwise, it is understood that the school has consent to the publication of work and/or photographs/video images of the student that may appear in such school publications including newsletter, prospectus, magazine, website and advertising material.
  - The school may disclose names, addresses and telephone numbers to the Parent Teacher and Past Pupils' Associations.
- I hereby undertake with the College Board of Trustees to observe the conditions and expectations of Nayland College.

Name of Parent/Legal Guardian: \_\_\_\_\_

Signature of Parent/Legal Guardian: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Signature of Student: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

***Thank you for choosing Nayland College***

***For completion by designated Nayland College staff member***

\_\_\_\_\_ Staff code

I have held an interview with this student on \_\_\_\_/\_\_\_\_/\_\_\_\_ and copies of supporting documentation are attached to this form.

Student enrolled as (tick one):  Regular Student  Fee Paying Student  Exchange student: Scheme \_\_\_\_\_



## Cook Islands

- [Aitutaki](#)
  - [Atiu](#)
  - [Pamati](#) (Palmerston)
  - [Mangaia](#)
  - [Manihiki](#) (Humphrey)
  - [Manuae](#) (Hervey)
  - [Mauke](#) (Parry)
  - [Mitiano](#)
  - [Nassau](#)
  - [Pukapuka](#) (Danger)
  - [Rakahanga](#) (Reirson)
  - [Rarotonga](#)
  - [Suvarrow](#) (Anchorage)
  - [Takutea](#)
  - [Tongareva](#) (Penrhyn)
- 
- [Niue](#) (Savage Island)
  - [Tokelau](#)
    - [Atafu](#) (Duke of York Island)
    - [Fakaofu](#) (Bowditch Island)
    - [Nukunonu](#) (Duke of Clarence Island)
    - [Olohega](#) (Swains island) (disputed)