



ROTORUA BOYS' HIGH SCHOOL ENROLMENT FORM

<p>SURNAME: _____</p> <p>FIRST NAMES: _____</p> <p>HOME ADDRESS: _____ _____ _____</p> <p>TELEPHONE (Home): _____</p> <p>DATE OF BIRTH: _____ / _____ / _____</p> <p>PREVIOUS SCHOOL: _____</p> <p>e-MAIL ADDRESS _____</p>	<p>Office Use Only</p> <p>Student No: _____</p> <p>Year Level: _____</p> <p>House Group: _____</p> <p>Entry Date: _____</p> <p>Dean- : _____</p> <p>ENROL: _____</p> <p>B/Cert or Passport Number: _____</p>
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Please fill in where applicable:

PLEASE TICK THE PERSON TO BE FIRST CALLED IN THE EVENT OF AN EMERGENCY

	First call	First Name	Surname	Address(es)	e-mail address	Telephone Numbers	
						Mobile	Work
Mother	<input type="checkbox"/>						
Father	<input type="checkbox"/>						
Guardian/ Caregivers	<input type="checkbox"/>						
Emergency Contact	<input type="checkbox"/>						
Doctor							
Dentist							

ETHNICITY (Tick one or more boxes):

- | | | | |
|-----------------|--------------------------|----------------------|------------|
| NZ Maori | <input type="checkbox"/> | Hapu: _____ | Iwi: _____ |
| Pacific Island: | <input type="checkbox"/> | Please state - _____ | |
| NZ European | <input type="checkbox"/> | | |
| Asian | <input type="checkbox"/> | Please state - _____ | |
| Other European | <input type="checkbox"/> | Please state - _____ | |

Other: Please state - _____

- **If your child was born in NZ you must produce a copy of a Birth Certificate or Passport.**
- **If your child was not born in NZ you must produce a copy of Passport and a Visa must be attached.**

EDUCATION DETAILS

Is your son currently in an Accelerate or Digital class? Please Circle Yes No

EDUCATION DETAILS (cont.)

Do you wish for your son to be considered for a bi-lingual class? Please Circle Yes No

Register of Gifted and Talented Students

Identify any areas in which you consider your son to be “GIFTED”. You may tick many or no boxes.

Creative writing	<input type="checkbox"/>	ICT Skills	<input type="checkbox"/>
Science	<input type="checkbox"/>	Public speaking/ Whaikōrero	<input type="checkbox"/>
Mathematics	<input type="checkbox"/>	Physical Education/ Sport	<input type="checkbox"/>
Performing Arts	<input type="checkbox"/>	Leadership	<input type="checkbox"/>
Te Reo Māori	<input type="checkbox"/>	Art	<input type="checkbox"/>
Aroha	<input type="checkbox"/>	Cultural knowledge/ Tikanga	<input type="checkbox"/>

PLEASE STATE IF ANY MEMBERS OF YOUR HOUSEHOLD ARE CURRENTLY AT RBHS, OR ARE OLD BOYS OF THE SCHOOL, AND WHICH HOUSE THEY ARE AFFILIATED TO:

NAME: _____ HOUSE: _____ YEAR LEVEL: _____
NAME: _____ HOUSE: _____ YEAR LEVEL: _____

STUDENTS DECLARATION:

I agree to abide by all school rules and regulations, including the School Internet Policy.

Student signed: _____ Date: _____

PARENT/GUARDIAN DECLARATION:

I/We also agree to the school:

1. Requesting relevant information from other schools for enrolment purposes.
2. Forwarding relevant information to another school for enrolment purposes.
3. Forwarding relevant information to other institutions for the purposes of qualifications entry.
4. Using information for statistical purposes.
5. Using our son’s name and photo on the school website and other school publications.
6. I/We agree to our son/ward complying with all school rules and polices.

Parent/Guardian signed: _____ Date: _____

Parent/Guardian signed: _____ Date: _____

**MINISTRY OF EDUCATION REQUIREMENT 2005
Copy of Birth Certificate or Passport**

“Attached to every enrolment form, there should be a *copy* of *the student’s New Zealand Birth Certificate* if born in New Zealand.

For all other students, a copy of their *Passport*, showing their current residency status, must be attached to every enrolment form.



STUDENT'S HEALTH RECORD

Year Level: _____

In order for us to care for your son in any illness/emergency situation, could you please complete the following in BLOCK CAPITALS. (This is required IN ADDITION to information given on enrolment form).

STUDENT'S NAME: Family Name: _____ First Names: _____

Does your son require medication or special consideration due to: Medication required:

Arthritis	YES/NO	_____
Asthma	YES/NO	_____
Diabetes	YES/NO	_____
Epilepsy	YES/NO	_____
Hearing Loss	YES/NO	_____
Impaired Vision	YES/NO	_____
Rheumatic Fever	YES/NO	_____
Other (specify)	YES/NO	_____

Does your son suffer an allergic reaction to:

Food	YES/NO	_____
Medication	YES/NO	_____
Stings	YES/NO	_____

Other (please specify):

Does he suffer from any other medical condition or disability:

STUDENT & PARENT DECLARATION

In accordance with the Privacy Act 1993 requirements I consent to this information being available within the school for the purpose of ensuring personal safety.

Father/Guardian: _____ Mother/Guardian: _____
(Where applicable, both signatures are required)

Student: _____

Date: _____

UNIFORM SIZE

Please give an indication of your son's uniform size:

12 14 Small Medium Large X- Large