ROTORUA BOYS' HIGH SCHOOL

APPLICATION FOR ADMISSION TO

TAI MITCHELL
BOARDING HOSTEL

PROPOSED STUDENT: ____
CHRISTIAN NAMES (in full) SURNAME

PROPOSED COMMENCEMENT DATE: ________________________________

DOB: ________________ Current Form Level: ______________________

Current School: ____

Please enclose together with this duly completed application form:

- ☐ A non-refundable Administration fee of $200.00
- ☐ Rotorua Boys' High School Enrolment Form (if not already attending Rotorua Boys' High School)
- ☐ Reference and/or most recent Report from present school.
- ☐ Birth Certificate
- ☐ Medical Certificate
- ☐ Signed Declaration

Address application to:

Rotorua Boys' High School
Hostel Application
Pukuatua Street
Rotorua

OFFICE USE ONLY

Administration Fee Paid:.................... ☐ Date Acknowlegement Sent:.................... ☐

Interveiw Date: .... ☐ Inteviewed by:.................... ☐

Hostel Commencement Date:.................... ☐

Student Loaded on KAMAR.................... ☐ Hostel Fees Loaded on KAMAR:.................... ☐

Copied to:.................... Hostel Master ☐ Hostel Manager ☐ Doctor ☐ Dean ☐

STUDENT DETAILS & DECLARATION

Student's Name ____
Christian Names Surname

Date of Birth ______________________ Age as at 1st January next ______yrs ______mths

Ethnic Background ____________________ (Tribe) ______________________

Present School ______________________
____

Present Class ______________________

Form ____________ Year ____________

To be completed by **both** parents/guardians

FATHER

Full Name ______________________

Private Address ______________________
____
____

Phone ______________________

Phone (Bus) ______________________

Occupation ______________________

MOTHER

Full Name ______________________

Private Address ______________________
____
____

Phone ______________________

Phone (Bus) ______________________

Occupation ______________________

DECLARATION

1. I ________________________am the Natural/Adoptive Parent/Legal Guardian of the applicant.
2. The applicant and I have read the Hostel Handbook and have sighted and agree to expectations regarding:
   - (i) Hostel Rules and Conventions
   - (ii) Hostel Fees Policy
   - (iii) Hostel Property Damage Policy
   - (iv) Boarding Education Trust
   - (v) Personal Computer Policy
   - (vi) Property Damage Policy
   - (vii) Hostel Early Withdrawal Policy
   - (viii) Damage/Loss of Personal Effects Policy
   - (ix) Hostel Refund Policy
   - (x) Search and Drug Testing
   - (xi) Substance Abuse Procedures
3. Please print the name and address of the person(s) or organisation to whom the accounts should be sent and who is directly responsible for the payments of the accounts.

   Name
   ____

   Address
   ____
   ____

   Signature of Parent/Guardian ______________________________ Date: ______________

   Signature of Applicant ______________________________ Date:______________

MEDICAL DETAILS

Student's Name ____

(Christian Names) (Surname)

Date of Birth ____________________

HAS HE UNDERGONE ANY OPERATION? If so, give date and particulars

____

____

HAS HE HAD A SERIOUS ILLNESS OR ACCIDENT? If so, give date and particulars

____

____

HAS HE HAD:

Measles	yes ☐	no ☐	Recurring Tonsillitis	yes ☐	no ☐	Meningitis	yes ☐	no ☐
Mumps	yes ☐	no ☐	Ear Infection	yes ☐	no ☐	Hepatitis 'A'	yes ☐	no ☐
Chickenpox	yes ☐	no ☐	Glandular Fever	yes ☐	no ☐	Hepatitis 'B'	yes ☐	no ☐
Malaria	yes ☐	no ☐	Rheumatic Fever	yes ☐	no ☐	Pneumonia	yes ☐	no ☐

DOES HE HAVE:

Epilepsy	yes ☐	no ☐	Sight problems	yes ☐	no ☐	Diabetes	yes ☐	no ☐
Hayfever	yes ☐	no ☐	Hearing Loss	yes ☐	no ☐	Asthma	yes ☐	no ☐

Bed Wetting Problems yes ☐ no ☐

Long term medication ____

Other illnesses ____

____

Allergies - **please specify**

To medication ____

To foods ____

Others ____

PARTICULARS OF INOCULATIONS AND VACCINATIONS

Triple Vac - Date ____________ Tetanus - Date ____________ Hepatitis 'B' - Date ____________

ANY FURTHER HEALTH PROBLEMS THAT WE SHOULD BE AWARE OF?

____

____

NEXT OF KIN (To be notified in case of emergency)

1. Name ______________________ Relationship ______________
   Address ______________________ Phone (Home) ______________
   ______________________ Phone (Work) ______________
2. Name ______________________ Relationship ______________
   Address ______________________ Phone (Home) ______________
   ______________________ Phone (Work) ______________
3. Name ______________________ Relationship ______________
   Address ______________________ Phone (Home) ______________
   ______________________ Phone (Work) ______________

Signature of Parent ____________________ **Date** ____________ **Phone** ____________

MEDICAL REPORT

To be completed & signed by **Family Doctor**

Medical Report on behalf of____ as to state of general health from family Doctor.

Does he have or has he ever suffered from:	**Yes**	**No**	**Details of Medication Required**
Asthma			
Epilepsy			
Diabetes			
Rheumatic Fever			
Other: (Please Specify)			
Does he have any Allergies			
Medication			
Food			
Stings			
Other (Please Specify			
Does the student suffer from any other medical condition, disability or special circumstance?			

Doctors Full Name: ____

Doctors Signature: ____

Date: _________________________