

# In-zone Enrolment 2019

Dear Parents / Caregivers

Thank you for your enquiry regarding enrolment at Alfriston College.

## To enrol

Please complete the enrolment application and provide the following (photocopies are advised)

### CHECKLIST

- Completed and signed **Enrolment Application**
- Proof of Place of Residence** ie current telephone or electricity account or government agency letter
- Birth Certificate** or **Passport** (NZ born learners) **OR**
- Proof of Residency** (non-NZ born learners) – residency stamp, citizenship certificate, letter from Immigration Service. **NB:** Originals must be sighted
- Completed and signed **Medical Form**
- Most recent **School Report**
- Enrolment Interview completed

***Please note: An incomplete enrolment form will not be accepted.***

An enrolment interview is required with a Senior Leader appropriate to the year level of the learner with the caregiver and learner. This is the final part of the enrolment process and courses of study are determined at this interview.

The start date is the Monday following the interview. The approved full Alfriston College uniform must be worn to school from the first day including regulation shoes.

In December, you will receive a 'Welcome to Alfriston College' letter confirming start dates and times along with stationery and subject fees information.

If any further information is required regarding enrolment, please contact our Enrolment Manager – Sandie Martin  
Phone: 269 0080 ext 809.

**PLEASE RETURN ENROLMENT FORM BY 07 SEPTEMBER 2018**

**SECTION 1 Learner Details**

Legal Surname \_\_\_\_\_

Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_

Legal First Names \_\_\_\_\_

Male / Female (please circle)

Preferred Name \_\_\_\_\_

Current / Previous School \_\_\_\_\_

Current Year Level \_\_\_\_\_

**SECTION 2 Home Details**

Home Address \_\_\_\_\_

Post code \_\_\_\_\_

Home Phone \_\_\_\_\_

**SECTION 3 Primary Caregivers:** (i.e. the person(s) who lives at the above address and is/are officially responsible for the learner)

Surname \_\_\_\_\_

Surname \_\_\_\_\_

First Names \_\_\_\_\_

First Names \_\_\_\_\_

Phone Home \_\_\_\_\_

Phone Home \_\_\_\_\_

Mobile \_\_\_\_\_

Mobile \_\_\_\_\_

Work \_\_\_\_\_

Work \_\_\_\_\_

Relationship to learner- eg Mother \_\_\_\_\_

Relationship learner - eg Father \_\_\_\_\_

Occupation \_\_\_\_\_

Occupation \_\_\_\_\_

Email Address \_\_\_\_\_

Email Address \_\_\_\_\_

**SECTION 4 Secondary Caregivers** (complete **only if required** e.g. parents separated)

Surname \_\_\_\_\_

Surname \_\_\_\_\_

First Names \_\_\_\_\_

First Names \_\_\_\_\_

Phone Home \_\_\_\_\_

Phone Home \_\_\_\_\_

Mobile \_\_\_\_\_

Mobile \_\_\_\_\_

Work \_\_\_\_\_

Work \_\_\_\_\_

Relationship to learner \_\_\_\_\_

Relationship to learner \_\_\_\_\_

Occupation \_\_\_\_\_

Occupation \_\_\_\_\_

**SECTION 5 Emergency Contact** – An additional contact (for emergencies) for use when parent/caregivers cannot be reached

Name \_\_\_\_\_ Phone Number (Home) \_\_\_\_\_

Relationship to Learner \_\_\_\_\_ (Mobile) \_\_\_\_\_

**SECTION 6 Custody**

Are there any specific access / custody orders that the school should be aware of? Yes / No

If "yes" please explain and provide copies of necessary documentation:

---

---

---

**SECTION 7 Learner Cultural Identity**

(Circle the relevant cultural identity)  
Specify where indicated e.g. Samoan

Maori\*

Iwi affiliation: \* \_\_\_\_\_

NZ European/Pakeha

Other European Specify \_\_\_\_\_

Polynesian Specify \_\_\_\_\_

Asian Specify \_\_\_\_\_

Other Specify \_\_\_\_\_

---

---

What is your first language? \_\_\_\_\_

Language spoken at home \_\_\_\_\_

**Learners not born in New Zealand, please answer the following questions**

How long has the learner lived in New Zealand? (Tick the relevant box)

Less than 5 years

More than 5 years

Country of Origin: \_\_\_\_\_

Date of first arrival in New Zealand: \_\_\_\_\_

**Is the learner a**

Citizen of NZ

Permanent Resident (circle one)

Student Permit

**Refugee** **Yes Quota? Yes / No**

Documentation included? **Yes / No**

Original sighted? **Yes / No**

**Parents**

Do you consider yourself a migrant? **Yes / No**

Origin of learner's mother? \_\_\_\_\_

Origin of learner's father? \_\_\_\_\_

**SECTION 8 Background Information**

Does the learner have brothers/sisters who are presently attending or who have previously attended Alfriston College?

Name	Years attended	Whanau (if known)

**SECTION 9 Learning Support**

Does your child require any special learning assistance or have they had any assistance in the last two years? (e.g. RTL, reading recovery, ORRS funding, hearing/vision)

---

---

---

### **PRIVACY OF INFORMATION**

The information you provide is used for communication with the home, official documents for your child and statistics.

Information is supplied to the Ministry of Education who may pass contact details on to the Ministry of Social Development should it be required to help school leavers into work or further training.

The information is kept in a Learner File and on a computer database.

The Learner File may also contain school agreements e.g., copies of cyber safety agreement, copies of reports, letters and other relevant information.

School Staff have access to the information.

In an emergency, at the discretion of the Principal, information from the file may be given to an agency such as Police or Doctor.

Learners may see their file by making a written application to the School Leader.

**On acceptance of your enrolment, the school will undertake to deliver a high quality curriculum in a supportive and safe environment.**

#### **Learners' Guarantee**

I request that I be admitted to Alfriston College. I understand and will abide by the conditions and rules as set out in the school's Computing/Cybersafety Learner Use Agreement (See yellow page "Computing/Cybersafety Learner Agreement). I further understand that there may be consequences (including the possible loss of access and even disciplinary action) if I should commit any breach of these conditions.

I will attend regularly and abide by the school's rules, regulations and expectations.

Signature of Learner \_\_\_\_\_ Date \_\_\_\_\_

#### **Parents / Caregivers' Guarantee**

- I/we declare that the information provided in this enrolment application is true and correct.
- I/we agree to the use (including disclosure) of the above information by the staff of the college for any purpose related to the education, well-being, benefit or safety of the learner concerned.
- I/we have read and agree to the Computing/Cybersafety Learner Use Agreement. My son/daughter/ward must restrict his/her actions in using the computers and the internet to those allowed by the Alfriston College.
- I/we are willing for my child's photograph or schoolwork to be used for publicity material (e.g. prospectus, website, Alfriston College Facebook page or in public displays).**
- I/we will ensure our child will attend school regularly wearing correct school uniform, engage with learning and will abide by the school rules.
- I/we understand the importance of participating in the Learner Led Conversations programme at Alfriston College and I/we will endeavor to be an active partner in this.**
- I/we understand that all learner possessions (personal, electronic gear, wallets and uniform items) are the responsibility of the learner and that Alfriston College takes no responsibility for any loss of these possessions.
- I/we agree to abide by Board of Trustee's decisions in relation to the wellbeing of learners at Alfriston College.

Signature of Parent / Caregiver \_\_\_\_\_ Date \_\_\_\_\_

#### **Place of Residence**

The address given at the time of application for enrolment must be the learner's place of residence when the learner begins their first day of attendance. This means that if you currently live at an in-zone address but 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 enroll at the school.

**The Ministry of Education has advised that parents should also be warned of the possible consequences of deliberately attempting to gain unfair priority in enrolment by knowingly giving a false address or making an in-zone living arrangement intended to be only temporary.**

I have read the following information and I confirm that the address which I have provided to the school will be the usual place of residence of \_\_\_\_\_ (learner's name) when they begin their first day of attendance. I will advise the school of any subsequent change of address.

Signed \_\_\_\_\_ Name \_\_\_\_\_

Relationship to learner \_\_\_\_\_ 5/2018