

In-zone Enrolment 2020

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 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.

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

If any further information is required regarding enrolment, please contact our Enrolment Manager – Julie-Anne Roberts
Phone: 269 0080 ext 865.

PLEASE RETURN ENROLMENT FORM BY 04 SEPTEMBER 2019

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 eg, copies of cybersafety 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 AC Way. (refer to AC Hauora Procedure #6)

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 school work to be used for publicity material (eg 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 _____

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 to be 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. RTLB, reading recovery, ORRS funding, hearing/vision)

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) _____