

OFFICE USE ONLY (Staff member to initial each step)

Birth Cert _____ Proof of Address _____ Immunisation Cert _____ Visa/CoC(overseas students) _____ Guardianship Details(if not with parents) _____
Other(Court docs, etc) _____ Prev Learning record _____ Appointment scheduled _____
Interviewer _____ Interview completed _____ Start Date _____ Entered _____ House _____ ID Number _____

FRASER HIGH SCHOOL
Te Kura Tuarua o Taniwharau



Application for Enrolment at Fraser High School

Student Details

Surname:(legal name as per birth certificate)

Given names (including middle names):

Preferred name:(if different to given name)

Date of birth: / / day/month/year

Male _____ Female _____ Gender diverse _____

Home address

Students Mobile Phone (if applicable)

Ethnicity: _____ Language(s) spoken at home: _____

Previous School: _____

Year Level enrolling for: Year 9 Year 10 Year 11 Year 12 Year 13

This enrolment application cannot be accepted without the following:

1. A copy of the students **Full Birth Certificate**
2. A copy of the students **Immunisation status**
3. For **students born overseas**, a current passport with the appropriate visa or Certificate of Citizenship.
4. Proof that you (parent, guardian, or caregiver), live within our [School Zone](#). (A recent document showing your name and address, e.g. power account)
5. If the **student is not living with their parents or legal caregivers**, proof of guardianship is required (e.g. Letter from parent/guardian permitting the student to live with the person named on the enrolment form).
6. **Court Documents - If you have any court orders, e.g. custody, guardianship, or protection orders, please bring these documents to the enrolment interview.**
7. If your child has been **stood down, suspended, or excluded** from a previous school then please let the office staff know so that an appointment with the Principal can be arranged.

When you have completed this application (with all the documents) please deliver to the school or email to office@fraser.school.nz. Our staff will contact you to make an interview appointment. A parent/guardian and the student must attend the interview.

PRIMARY CONTACT DETAILS (Student's main residence)

Caregiver 1 Details

Name: _____

Relationship to student: _____

Residential Address: _____

Postal Address: if different from residential): _____

Home ph: _____ Work ph: _____

Mobile ph: _____

Email: _____

Caregiver 2 Details

Name: _____

Relationship to student: _____

Home ph: _____ Work ph: _____

Mobile ph: _____

Email: _____

ALTERNATIVE CONTACT DETAILS

Caregiver 1 details

Name: _____

Relationship to student: _____

Residential Address: _____

Postal Address: if different from residential): _____

Home ph: _____ Work ph: _____

Mobile phone: _____

Email: _____

Caregiver 2 details

Name: _____

Relationship to student: _____

Residential Address: _____

Postal Address: (if different from residential) _____

Home ph: _____ Work ph: _____

Mobile phone: _____

Email: _____

EMERGENCY CONTACT (Someone living in Hamilton the school can contact if parent/caregiver cannot be contacted)

Name: _____ Relationship to student _____ PH No: _____

SIBLINGS. Please write the names of any brother(s) or sisters(s) that Attend Fraser High School.

OVERSEAS STUDENTS Students born outside of New Zealand require a copy of their passport and visa/proof of citizenship/residency.

Country of Birth _____ Date Entered NZ _____ Passport No. _____

Visa/Residency/Citizenship: Yes / No First Language: _____ Refugee Status: Yes/No

STUDENT LEARNING INFORMATION

Has the student been involved in any Learning Support programmes e.g RTLB, Teacher Aide? Yes/No

Details _____

Does the student have any specific learning challenges such as Dyslexia, ADHD, Autism, Dyspraxia? Yes/No

Details _____

Has the student been involved with any English language Learning Support (ESOL)? Yes/No

Does the student have ORRS funding? Yes/No

Any other learning needs we should be aware of? _____

Is the student currently stood down or suspended from a school? Yes/No If yes, name of school _____

Has the student ever been excluded from a school? Yes/No If yes, name of school _____

Student Iwi Affiliation

Table contains Iwi that are part of Waikato Tainui – please tick which Iwi Student is connected to OR if Student is from another Iwi outside of the Waikato, please write below.

Waikato Iwi	Tick ✓	Waikato Iwi	Tick ✓
Ngaati Aamaru		Ngaati Puhiawe	
Ngaati Apakura		Ngaati Raukawa ki Panehaakua	
Ngaati Hauaa		Ngaati Ruuruu	
Ngaati Hikairo		Ngaati Tai	
Ngaati Hine		Ngaati Tamainupo	
Ngaati Koheriki		Ngaati Tamaoho	
Ngaati Korokii		Ngaati Taratikitiki	
Ngaati Kuaaarangi		Ngaati Te Ata	
Ngaati Maahanga		Ngaati Te Wehi	
Ngaati Makirangi		Ngaati Tipa	
Ngaati Maniapoto		Ngaati Wairere	
Ngaati Maru		Ngaati Werokoko	
Ngaati Marutuuahu		Ngaati Whaawhaakia	
Ngaati Naho		Ngaati Tahinga	
Ngaati Ngutu		Ngaai Tai	
Ngaati Paaoa		Ngaati Mahuta	
Ngaati Paretauaa		Tainui-a-Whiro	
Ngaati Paretekawa		Te Akitai	
Ngaati Pou		Other:	

Non Waikato Iwi Affiliation: (Please list)

Hapuu: (Please indicate for which Iwi)

Marae: (Please indicate for which Iwi)

AGREEMENTS

Cybersafety

Student I have read the Fraser High School Internet Use Policy statement and agree to abide by the rules as laid out in this document. I agree to abide by decisions made by the School and the teacher that is in charge at the time I am using the room.

Parent/Guardian/Caregiver I/We have read the Internet Use policy statement and understand the intention of Internet use within the school is for educational purposes. I/We understand that Fraser High School will take all possible precautions to make the Internet as safe as possible for all users, and agree to support any action the school takes to ensure the code of conduct, as described in the policy statement, is enforced.

Promotional Material consent

I agree that my child's name, image or work can be used in the school newsletter, on the School Website, Prospectus, and other official publications.

Family Declaration

1. We agree to abide by the rules and regulations of Fraser High School as set out in the prospectus.
2. We agree to outfit our child in the correct [School Uniform](#) at all times.
3. We agree to allow the information on this enrolment form, associated documents, and other collected personal information, to be shared by the school, in accordance with the provisions of the Privacy Act 1993, with the Ministry of Education and the Ministry of Social Development, if required, to ensure the best interests of our child.
4. We agree that the student's record card and other relevant information from the previous school may be forwarded to Fraser High School.

Parent Signature: _____ **Student Signature:** _____

Date: _____

Date: _____

STUDENT HEALTH DETAILS

To enable the school to provide optimal care in the event of illness or injury, please fill in the following details. This information will be shared with the schools Medical Practitioners and entered on the school database.

Surname: _____ First Name: _____

Address: _____

Ethnicity: _____ Date of Birth: _____ Gender _____

Student Phone Numbers: Home _____ Mobile _____

Medical Practice and Phone number:

Emergency (Parent/Caregiver) Contact Details:

Name: _____ Relationship: _____

Phone: Home _____ Work _____ Mobile _____

MEDICAL CONDITIONS Does the student have any medical conditions or concerns that may impact on their learning and that our School Health Centre should know about? If so please provide details:

If your child is under specialist medical care please include a letter from their doctor or specialist outlining care details?

MEDICATIONS Does the student currently take any medication? If so, please provide details:

If any prescription medications need to be given to the student while at school, they will need an appointment with the school doctor to discuss this. Please contact the nurse (j.shirley@fraser.school.nz) as soon as possible to arrange this.

ALLERGIES Is the student allergic to anything ? If so give details of the reaction it produces.

MENTAL WELLBEING CONCERNS

Does your child experience any of the following?

Anxiety Yes / No Panic Attacks Yes / No

Depression Yes / No

If you said yes to any of the above, please give details

Would you like a school counsellor to make an appointment with your child? Yes/No

TREATMENT

I give permission for the following pain medication to be given to my child if necessary:

Paracetamol Yes / No Ibuprofen Yes / No

VACCINATIONS

Is your child immunised? Yes / No An immunisation certificate **MUST** be included with your enrolment documents. **Please note that in the event of an outbreak of contagious illness, students who are not immunised or for whom we do not have an immunisation certificate will not be able to attend school until the outbreak is over.**

DENTAL CARE- Please complete the [Dental Form](#) if you would like onsite dental treatment for your child.

Signed: _____

Date: _____