



## SELWYN HOUSE SCHOOL

Independent girls' day school Years 1-8  
Boarding Years 5-8  
Co-educational Preschool

# APPLICATION FOR ENROLMENT

( NOTE: All \* fields MUST be completed)

### STUDENT INFORMATION

\* Surname \_\_\_\_\_ \* First Names \_\_\_\_\_  
\* Date of Birth \_\_\_\_\_ \* Preferred Name \_\_\_\_\_  
\* Entry year level (eg Year 1) \_\_\_\_\_ \* Term \_\_\_\_\_ \* Year of entry (eg 2017) \_\_\_\_\_  Day Girl  Boarder  
\* Current School \_\_\_\_\_ \* Previous schools (if any)? \_\_\_\_\_  
\* Date your daughter started at first school \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
\* Has your daughter attended Kindergarten/Crèche/Preschool?  No  Yes (name) \_\_\_\_\_  
\* Country of Citizenship \_\_\_\_\_ \* Country of Birth \_\_\_\_\_ \* Ethnic Group \_\_\_\_\_  
\* Are you a descendant of a NZ Maori?  No  Yes Iwi \_\_\_\_\_  
\* Language (if first language is not English) \_\_\_\_\_

### PARENT DETAILS (both)

* 1. Mr/Mrs/Ms/Dr _____ _____ * Address _____ _____ * Postcode _____ * Phone (Home) _____ * (Work) _____ * Mobile _____ * Email _____ * Profession /Occupation _____ Any other areas of expertise _____ _____	* 2. Mr/Mrs/Ms/Dr _____ _____ * Address _____ _____ * Postcode _____ * (Home) _____ * (Work) _____ * Mobile _____ * Email _____ * Profession /Occupation _____ Any other areas of expertise _____ _____
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### EMERGENCY CONTACT PERSON

\* Name \_\_\_\_\_  
\* Address \_\_\_\_\_  
\* Phone \_\_\_\_\_ \* Mobile \_\_\_\_\_ \* Email \_\_\_\_\_  
\* Relationship to Student (eg. Grandparent, Agent) \_\_\_\_\_

**\* CUSTODIAL STATEMENT (If applicable)**

Are there any custodial arrangements concerning your child?

Please give details of any arrangements or court orders (a copy of the court order is required).

Under the custodial arrangement who CAN pick up your child:

I. Mr/Mrs/Ms/Dr \_\_\_\_\_

I. Mr/Mrs/Ms/Dr \_\_\_\_\_

Address \_\_\_\_\_

Address \_\_\_\_\_

Postcode \_\_\_\_\_

Postcode \_\_\_\_\_

Phone (Home) \_\_\_\_\_ (Work) \_\_\_\_\_

(Home) \_\_\_\_\_ (Work) \_\_\_\_\_

Mobile \_\_\_\_\_

Mobile \_\_\_\_\_

Under the custodial arrangement who CAN NOT pick up your child:

Name \_\_\_\_\_

Name \_\_\_\_\_

**\* FAMILY CONNECTION(S) TO SELWYN HOUSE SCHOOL**

Do you have other girls who previously attended Selwyn House? Name/s, date/s, and House (if known) \_\_\_\_\_

Do you have other girls expecting to attend Selwyn House? Names/date of birth and the year you anticipate they will start at Selwyn House. \_\_\_\_\_

Are the mother or grandmothers alumni (if yes, include maiden name)? \_\_\_\_\_

How/where did you hear about Selwyn House School? \_\_\_\_\_

**\* FEE-PAYER INFORMATION (If other than parent or guardian)**

Mr/Mrs/Ms/Dr \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_

Mobile \_\_\_\_\_

Occupation \_\_\_\_\_

Email \_\_\_\_\_

Relationship to Student \_\_\_\_\_

We acknowledge that we are jointly and severally liable for the payment of school accounts. Please advise us of any change of address or contact details.

**\* TRAVEL PERMISSION**

I/we give permission for my daughter/s to travel in another adult's vehicle if necessary (your daughter will have her own seat belt and the car will be registered and warranted).

**\* MODEL RELEASE**

I/we give our permission to have our daughter/s work and or photograph published on the school website

Be included in photographs or video selected by us for use in publicity and promotional material

Be selected by the media as part of items shown either in print/radio or electronic media

**\* MEDICAL**

Doctor's Name \_\_\_\_\_

Phone \_\_\_\_\_

Clinic Name and Address \_\_\_\_\_

Medical history, illnesses or conditions (if any not listed below) \_\_\_\_\_

Please indicate if your daughter has any of the following:

Diabetes  Migraine  Epilepsy  Fits of any type  Colour blindness

Asthma  Nose bleeds  Travel sickness  Dizzy spells  Heart condition

Is your daughter taking any medication?  No If YES, please specify \_\_\_\_\_

Has your daughter had any major injuries or illnesses  No If YES, please specify \_\_\_\_\_

Is your daughter allergic to any of the following?

Insect bites/stings  Prescription medicine  Foods (dairy/nuts/gluten)

Has your daughter suffered from any of the following?

German Measles  Scarlet Fever  Chicken Pox  Mumps  Whooping Cough  
 Asthma  Hepatitis  Pneumonia  Bronchitis  Glandular Fever

Has your daughter had any of the following immunisations

MMR (Measles, Mumps, Rubella)  DTP (Diphtheria, Tetanus, Whooping Cough)  Polio  HepatitisB

Date of last tetanus injection \_\_\_\_\_

Outline any dietary requirements \_\_\_\_\_

Please indicate any pain relief/flu medication your daughter maybe given by Selwyn House School staff.

Paracetamol  Pamol  Ibuprofen  None

I agree that if prescribed medication needs to be administered, a designated adult will be assigned to do this. I will ensure that prescribed medicine is clearly labelled, securely fastened and handed to the designated adult with instructions on its administration and complete the necessary form online.

I will inform Selwyn House School staff of any changes in medical or other circumstances as soon as possible.

I agree to my daughter receiving any emergency medical, dental, or surgical treatment, including anaesthetic or blood transfusion, as considered necessary by the medical authorities present.

Any medical costs, not covered by ACC or a community service card, will be paid by me.

To the best of your knowledge, has your daughter been in contact with any contagious, or infectious diseases, in the last four weeks?  No If YES, please advise: \_\_\_\_\_

Is there any information the staff should know to ensure the physical and emotional safety of your daughter? eg cultural practices; disability; anxiety about heights, darkness, small spaces and behavioural or emotional problems.

No If YES, please advise: \_\_\_\_\_

#### \* ACKNOWLEDGEMENT OF RISK

The school will communicate to parents all education outside the classroom (EOTC) events in which your daughter is involved.

I/We understand that there are risks associated with involvement in school EOTC events and that these risks cannot be completely eliminated.

I/We understand that the school will identify any foreseeable risks or hazards and implement correct management procedures to eliminate, isolate or minimise those hazards. I understand my daughter will be involved in the discussion of safety procedures

I/We know that I am able to ask any questions of the school about the activities I/my child will be involved in, to gain a better understanding of the risks involved. I recognise that participation in such activities is voluntary and not mandatory through a 'challenge by choice'\* procedure. My child and I both understand that they may withdraw from an activity if they feel at risk. This will be done in consultation with the person in charge.

I/We understand that the school does not accept responsibility for loss or damage to personal property and that it is my responsibility to check my own insurance policy.

*\* means the participant chooses their own level of challenge in a supportive peer environment*

## NZ Citizens or Residents

Please ensure that you have included the following with this completed application form

- Copy of Full Birth Certificate
- Evidence of NZ Citizenship or Residency (if your daughter is not born in NZ) eg. NZ Passport, Registration of Citizenship
- For enrolment this year or next, please enclose a copy of your daughter's most recent school report
- Non-refundable enrolment fee as per the current Business Practices or
- Non-refundable enrolment fee (if transferring from the Pre-school) as per the current Business Practices
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## International Students

Please ensure that you have included the following with this completed application form

- Copy of Student Passport
- Copy of last overseas school report (translated into English)
- Cultural and/or sporting achievements
- Non-refundable application fee as per the current Business Practices
- Copy of Student Permit (if issued)
- Copy of latest NZ School Report and/or Language School Report
- Contact details of NZ Guardian

Please ensure you have read a copy of our "Information for International Students and their Families" booklet (available from our website or school office).

## CONDITIONS OF ENROLMENT

I/We, the undersigned,

1. Acknowledge as having read the school's Business Practices and Fees and agree to abide by the rules as set out.
2. Agree to the school making such enquiries in relation to my/our credit worthiness as the school considers fit including obtaining from any third parties information about my/our credit worthiness. Also the authorisation of third parties releasing such information to the school.
3. Agree to give a term's notice in writing to the Principal prior to the withdrawal of a student or, on request, to transfer from Boarder to Day Student. A full term's fees in lieu of notice will be charged if a full term's notice in writing is not received.
4. Acknowledge that we are jointly and severally liable for the payment of school accounts. In the event of our failure to pay school accounts within the time specified, the school reserves the right to charge administrative and legal costs of recovery of outstanding amounts.
5. Believe that this information is correct as at the date of this application. I will advise Selwyn House School of any updates to contact details or medical information.
6. Have provided the school with all relevant information and reporting regarding any learning difficulties.

Note: If a student's progress and performance are such that, in the opinion of the Principal, the student is not benefiting from the academic courses provided by the school, the student may be advised to leave the school. The school reserves the right to dismiss any child from the school on grounds of unsatisfactory conduct or performance, or failure to obey the rules of the school, or for any other reason. In such matters, the Principal's decision is final.

## NAME OF REFEREE TO SUPPORT APPLICATION

List the name and address of a person (not a relative) who will act as referee for this application:

Name \_\_\_\_\_ Relationship to your daughter \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

## PARENT DECLARATION

I/We declare that all the above information is true and correct to the best of our knowledge.

Signatures of both parents or guardians required.

Parent 1 Signature \_\_\_\_\_ Parent 2 Signature \_\_\_\_\_

Print Name \_\_\_\_\_ Print Name \_\_\_\_\_

Date \_\_\_\_/\_\_\_\_/\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Would you like a current parent from your daughter's year level to contact you?  Yes  No