



DOMESTIC STUDENT APPLICATION & ENROLMENT AGREEMENT

PART ONE: APPLICATION

STUDENT DETAILS (Name must be as it appears on the student's passport OR birth certificate)

Family name:

First name:

Date of birth:

Preferred name:

Student type: Day student Boarder

Address:

City:

Postcode:

Country of birth:

Country of citizenship:

Applying for year level: New entrant Year 1 Year 2 Year 3 Year 4 Year 5 Year 6 Year 7 Year 8

Entry term: Term 1 Term 2 Term 3 Term 4

Year of entry (e.g. 2021):

Date the student started at first school (if any):

Current school (if any):

Previous schools (if any):

Did the student attend a Kindergarten/Creche/Pre-school? No Yes Name:

Is the student a descendant of a New Zealand Maori? No Yes Iwi:

Languages spoken:

Ethnic group:

What best describes the student's gender?

Female Non-binary/Gender diverse Prefer to self describe:

PARENT/LEGAL GUARDIAN 1

Title: Mrs Miss Ms Mr Dr Other:

Family name:

First name:

Address:

Postcode:

Home phone:

Mobile:

Work phone:

Relationship to student:

Email:

Languages spoken:

Profession/Occupation:

PARENT/LEGAL GUARDIAN 2

Title: Mrs Miss Ms Mr Dr Other:

Family name:

First name:

Address:

Postcode:

Home phone:

Mobile:

Work phone:

Relationship to student:

Email:

Languages spoken:

Profession/Occupation:



EMERGENCY CONTACT

Contact's name:

Address:

Home phone:

Mobile:

Work phone:

Relationship to student:

Email:

CUSTODIAL STATEMENT (If applicable)

Are there any custodial arrangements concerning the student?

Please give details of any arrangements or court orders (a copy of the court order is required to enable the school to enforce these arrangements).

Under the custodial arrangements who CAN pick up the student:

Title: Mrs Miss Ms Mr Dr Other:

Family name:

First name:

Address:

Date of birth:

Email:

Home phone:

Mobile:

Title: Mrs Miss Ms Mr Dr Other:

Family name:

First name:

Address:

Date of birth:

Email:

Home phone:

Mobile:

Under the custodial arrangements who CAN NOT pick up the student:

Name:

Name:

FAMILY CONNECTIONS TO SELWYN HOUSE SCHOOL

Do you have family who are currently attending Selwyn House School? Name/s, year level, and House:

Do you have family who previously attended Selwyn House School? Name/s (including maiden name if applicable), date/s, and House (if known):

Do you have family expecting to attend Selwyn House School? Names/date of birth and the year you anticipate they will start at Selwyn House:

FEE PAYER INFORMATION (If other than parent or legal guardian)

Title: Mrs Miss Ms Mr Dr Other:

Family name:

First name:

Address:

City:

Postcode:

Home phone:

Mobile:

Relationship to student:

Email:

We acknowledge that we are jointly and severally liable for the payment of school accounts.

BANK ACCOUNT DETAILS ARE AS FOLLOWS: SELWYN HOUSE SCHOOL TRUST BOARD – 123149 0039273 00



TRAVEL PERMISSION

I/we give permission for my/our student to travel in another adult's vehicle if necessary (every student will have a seat belt and the car will be registered and warranted).

MEDICAL INFORMATION

Name of doctor:

Phone number of doctor:

Clinic name and address:

Does the student have any previous or existing illnesses or medical conditions including mental illness? Yes No

If 'Yes', please provide details:

Is the student currently on any medication? Yes No

If 'Yes', please provide details and dosage:

Please tick the appropriate box if the student suffers from, or has suffered from, any of the following medical conditions:

- | | | | |
|---|--|--|---|
| <input type="checkbox"/> Asthma | <input type="checkbox"/> Hepatitis A, B, or C | <input type="checkbox"/> Heart condition | Overnight events: |
| <input type="checkbox"/> HIV or AIDS | <input type="checkbox"/> German measles | <input type="checkbox"/> Eating disorder | <input type="checkbox"/> Bedwetting |
| <input type="checkbox"/> Tuberculosis | <input type="checkbox"/> Allergy to insect/bee/wasp stings | <input type="checkbox"/> Chicken pox | <input type="checkbox"/> Sleepwalking |
| <input type="checkbox"/> Depression/Anxiety | <input type="checkbox"/> Food allergies | <input type="checkbox"/> Bronchitis | <input type="checkbox"/> Other (please describe): |
| <input type="checkbox"/> Pneumonia | <input type="checkbox"/> Allergy to prescription medicine | <input type="checkbox"/> Whooping cough | _____ |
| <input type="checkbox"/> Back/neck problems | <input type="checkbox"/> Mumps | <input type="checkbox"/> Dizzy Spells | _____ |
| <input type="checkbox"/> Diabetes | <input type="checkbox"/> Epilepsy | <input type="checkbox"/> Travel Sickness | _____ |
| <input type="checkbox"/> ADD or ADHD | <input type="checkbox"/> Scarlet Fever | <input type="checkbox"/> Hayfever | |
| <input type="checkbox"/> Glandular fever | <input type="checkbox"/> Migraines | | |

Has the student had the following immunisations?

- | | | |
|--|--|--|
| <input type="checkbox"/> MMR (Measles, Mumps, Rubella) | <input type="checkbox"/> Hepatitis B | <input type="checkbox"/> DTP (Diphtheria, Tetanus, Whooping Cough) |
| <input type="checkbox"/> Meningococcal B | <input type="checkbox"/> HIP (flu vaccination) | <input type="checkbox"/> Polio |

Date of last tetanus injection:

Please indicate any pain relief/flu medication the student may be given by Selwyn House School staff: Paracetamol Pamol 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 the student 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 the student been in contact with any contagious, or infectious diseases, in the last four weeks?

No Yes, please detail:

Is there any information the staff should know to ensure the physical and emotional safety of the student? e.g. cultural practices; disability; anxiety about heights, darkness, small spaces, and behavioural or emotional problems. No Yes, please detail:

Does the student have any food allergies or special dietary requirements? Yes No

If 'Yes', please provide details:

Does the student require an Epipen? Yes No

If 'Yes' please provide details for the reason for administering:

LEARNING INFORMATION

Does the student have any learning or behavioural needs? (e.g. ESOL support) Yes No

If 'Yes', please select from the following examples:

- | | | |
|--|---|--|
| <input type="checkbox"/> Vision | <input type="checkbox"/> Occupational Therapist | <input type="checkbox"/> Other (please specify):

_____ |
| <input type="checkbox"/> Hearing/Auditory Processing | <input type="checkbox"/> English Language Learner | |
| <input type="checkbox"/> Speech/Phonological Awareness | <input type="checkbox"/> Gifted | |
| <input type="checkbox"/> Dyslexia/Dysgraphia | <input type="checkbox"/> Aspergers Syndrome | |
| <input type="checkbox"/> Educational Psychologist | <input type="checkbox"/> Autism | |
| | | |

Please provide a copy of any assessment of the student's learning or behavioural needs to the school.

Please provide a school contact who can speak regarding the student's school report, learning and behaviour.

I agree to allow Selwyn House School to communicate with this contact regarding this enrolment application.

Name:

School/Centre Name:

Phone:

Email:

ACKNOWLEDGEMENT OF RISK

- The school will communicate to parents/legal guardians all education outside the classroom (EOTC) events in which the student 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 the student 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/the student 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.
- The student and I both understand that the student 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.

EXPECTED ESSENTIAL AGREEMENT OF CONDUCT For parents, caregivers, legal guardians and friends of the school

The essential agreement is based on the school PYP values of respect, tolerance, integrity, empathy, commitment, cooperation and caring. It ensures that everyone within the school community is respected, safe and treated with dignity. The Expected Essential Agreement of Conduct asks that all parents, caregivers, legal guardians and friends of the school:

- Treat all people with respect
- Work together in partnership with staff for the benefit of their child/children
- Respect and demonstrate Selwyn House School values
- Set a good example to students and staff at all times
- Follow the appropriate and proper procedure to handle any complaints.

This essential agreement applies to speech, action or delivery through emails, texts, phone calls, social media or other communication and encompasses both the school and wider community environment.

I/We understand the above and agree to the Expected Essential Agreement of Conduct.

GENERAL DETAILS

How did you hear about Selwyn House School? Media School's website Billboards Online search Word of Mouth
 Via a family currently at Selwyn House School (please state name):

Has the student previously applied for entry to Selwyn House School? Yes No If yes, when:

Student's interests:

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

Name:

Address:

Phone:

Relationship to student:



DOCUMENTATION TO SUBMIT WITH THIS APPLICATION

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

- Copy of the student's Full Birth Certificate
- Evidence of NZ Citizenship or Residency of the student (if not born in New Zealand), e.g. New Zealand Passport, Registration of Citizenship
- For enrolment this year or next, please enclose a copy of most recent school report
- Non-refundable enrolment fee as per the current Business Practices
- Any relevant information to support this application; sporting/cultural achievements, medical certificates/learning assessments
- A copy of the student's immunisation record
- A copy of any assessment of the student's learning or behavioural needs (if applicable)

PART TWO: TERMS & CONDITIONS

The terms and conditions appended to this application, form and govern the student's tuition at the school. By signing below, the school and the parent or legal guardians agree to those terms and conditions. Please ensure the terms and conditions are read carefully.

1. For the purposes of this Agreement the following terms shall have the following meanings:
 - Act** means the Education Act 1989.
 - Agreement** means this Agreement including any schedules.
 - Application Form** means the standard enrolment form which forms the cover page of the Agreement.
 - Fee** means fees payable by the Parents or Legal Guardians to the School as per the Fee Schedule.
 - Fee Schedule** means the schedule of fees for Tuition, Accommodation and miscellaneous charges.
 - Parents or Legal Guardians** means the parents or legal guardians referred to in the annexed Application Form.
 - School** means the school referred to in the annexed Application Form.
 - Student** means the student referred to in the annexed Application Form.
 - Tuition** means the education of the Student at the School.
 - Period of Study** means any period for which Fees are paid and for the purpose of this Agreement the enrolment of the Student begins on the course start date stated in the Student's offer of place.
2. The School shall provide Tuition to the Student in accordance with school policies, the Act and any other applicable laws, in return for the payment of the Fee.
3. The parents of legal guardian acknowledge that they have read the school's current Business Practices and agree to abide the rules as set out therein.
4. The Parents or Legal Guardians acknowledge that they are ultimately jointly and severally liable for the payment of school accounts even in the event the "Fee Payer" as described in this application is different to themselves. In the event of 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. The Parents or Legal Guardians agree to the school making such enquiries in relation to his/her/their creditworthiness as the school considers fit; including obtaining from any third parties information about his/her/their creditworthiness.
6. The Parents or Legal Guardians agree to give a term's notice in writing to the Principal prior to withdrawal of a student or, on request, to transfer from a border to a 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.
7. If Tuition is terminated by the School during a Period of Study, in accordance with the Act, any refund of the Fee applicable to that Period of Study will be assessed in accordance with school policies.
8. The Parents or Legal Guardians and the Student, who have signed this Agreement irrevocably appoint and authorise the principal of the School (or such other person as may be appointed by the School to carry out the Principal's duties) to:
 - (a) Receive information from any person, authority, or corporate body concerning the Student including, but not limited to, medical, educational or welfare information;
 - (b) Provide consents that may be necessary to be given on the Student's behalf in the event of a medical emergency where it is not reasonably practicable to contact the Parents or Legal Guardians.
9. The School shall at all times comply with the Health and Safety at Work Act 2015
10. Nothing in this Agreement limits any rights that the Parents, Legal Guardians or Student may have under the Consumer Guarantees Act 1993.
11. It is acknowledged that provisions in the Act relating to the suspension, expulsion or exclusion of students will apply to the Student. Any decision to expel or exclude the Student shall terminate this Agreement and the School's refund policy will apply.
12. The Student will comply at all times with school policies, and the Act, and the Parents or Legal Guardians shall work with the School to ensure such compliance.
13. No party to this Agreement is liable to the other for failing to meet its obligations under this Agreement to the extent that the failure was caused by an act of God or other circumstances beyond its reasonable control.
14. This Agreement shall be construed and take effect in accordance with the non-exclusive laws of New Zealand. In relation to any legal action or proceedings arising out of or in connection with this Agreement the Parents or Legal Guardians irrevocably:
 - (a) Submit to the non-exclusive jurisdiction of the Courts of New Zealand; and
 - (b) Agree that proceedings may be brought before any Court including any forum constituted under the Arbitration Act 1908 within New Zealand, and waive any objection to proceedings in any such Court or forum on the grounds of venue or on the grounds that the proceedings have been brought in an inconvenient forum.
15. Notices given under this Agreement must be in writing and given to the addresses set out in the Application Form. Those notices sent by post will be deemed to have been received ten (10) days after posting. The Parties also agree that email correspondence is a suitable means of communication and emails will be deemed to have been received when acknowledged by the party or by return email.



16. This Agreement contains the entire understanding of the parties and overrides any prior promises, representations, understandings or agreements. The terms of the Agreement may be changed by the School in consultation with the Student, and Parents or Legal Guardians, except where such change is required by New Zealand legislation. This Agreement shall continue in force during the Period of Study with the School.
17. The Parents or Legal Guardians and Student acknowledge that:
 - (a) The School may obtain at any time from any person or entity any information it requires to process and/or accept the Student for admission to the School or to perform or complete any of the other purposes under this Agreement. The Parents or Legal Guardians and the Student authorise any such person to release to the School any personal information that person holds concerning the Student and/or Parents or Legal Guardians.
 - (b) If the Student and/or Parents or Legal Guardians fail to provide any information requested in relation the Students admission to the School, the School may be unable to process the Student's application.
 - (c) Personal information of the Student and/or Parents or Legal Guardians collected or held by the School is provided and may be held, used and disclosed to enable the School to process the Student's eligibility to receive Tuition at the School and Accommodation.
 - (d) All personal information provided to the School is collected and will be held by the School.
 - (e) The Student and Parents or Legal Guardians have the right under the Privacy Act 2020 to obtain access to and request corrections of any personal information held by the School concerning them.
 - (f) Under the Privacy Act 2020, any information collected may be provided to education authorities.
 - (g) Information relating to the education, health, welfare or safety of the Student, may be released to relevant parties outside the School, at the discretion of the School.
18. Photographs and videos of the Student, the Student's work and Student's name may be used for the Student's records and in any publicity, marketing and/or promotional advertisement for the School. The safety of the student will the considered at all times.
19. The School's responsibility for the Student ends on the last day of the Period of Study, or in the event that the Student's Tuition is terminated, on the date of termination.
20. The conditions in this Agreement apply for the whole time the Student is enrolled at the School during a Period of Study. The Agreement may be renewed on application to the School in writing. Renewal of this Agreement is at the sole and absolute discretion of the School and is subject to satisfactory performance and attendance by the Student, the issue of an offer of place for a further Period of Study and the payment of Fees.
21. Without limiting any obligations set out in school policies, the Parents or Legal Guardians and Student agree that the Student must comply with school policies.
22. The parties acknowledge that prior to signing this Agreement, they have had the opportunity to seek independent legal advice in respect of its content and effect.
23. This Agreement may be executed in one or more counterparts, each of which when so executed and all of which together shall constitute one and the same Agreement. Delivery of executed counterparts may be delivered by email or facsimile transmission.
24. The parties agree that any dispute in relation to this Agreement will be resolved in accordance with the School Policies.
25. The parties acknowledge that 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 for any other reason. In such matter, the Principal's decision is final.

PARENTS/LEGAL GUARDIANS' DECLARATION AND AUTHORISATION

We declare that the information contained in this application is correct and complete. We understand that any false or incomplete information submitted in support of this application may invalidate this application and may result in the withdrawal of an offer of enrolment. We agree that we have received sufficient information to make an informed decision about enrolment at the School.

EXECUTION

Parents/Legal Guardians

By signing below, the Parents or Legal Guardians (as applicable) confirm that they have read the Agreement and agree to be bound by it in all respects:

Name: _____

Signature: _____

Date: _____

Name: _____

Signature: _____

Date: _____

