



Southland Boys' High School

Te Kura Tuarua o ngā Taitama Tāne ki Murihiku

181 Herbert Street | PO Box 1543 | Invercargill | New Zealand

Phone: [03] 211 3003 | Email: mail@sbhs.school.nz | Website: www.sbhs.school.nz | Fax: [03] 218 7414

Application for Enrolment Southland Boys' High School

Section A: Personal Information

| | | | | | | | |
|--|----------------|-----|---|--------------------------------|-----|--------------------------------|----|
| Family Name | | | | | | | |
| First Name[s] | | | | | | | |
| Preferred Name | | | | | | | |
| Date of Birth | | Age | | Date to Commence study at SBHS | | | |
| Student Address | | | | | | | |
| Telephone [home] | | | | | | | |
| Year Level Student will enter at SBHS [circle one] | 7 | 8 | 9 | 10 | 11 | 12 | 13 |
| Affiliation to SBHS Please complete if any member of your household is a current student or old boy of SBHS | Name | | | House | | Current Year Level or Old Boy? | |
| | | | | | | | |
| | | | | | | | |
| Student Ethnicity [tick your ethnic group] | NZ European | | | | | | |
| | NZ Maori | | Hapu | | Iwi | | |
| | Pacific Island | | Specify | | | | |
| | Other European | | Specify | | | | |
| | Other | | Specify | | | | |
| Are you a New Zealand Citizen? [circle one] | Yes | No | If No, what is your country of birth? | | | | |
| | | | Date of arrival in New Zealand [Please attach copy of your visa] | | | | |
| Transport to School [eg cycle, car, walk, bus] | | | | Bus Route | | | |

Section B: Boarding

| | | | |
|--|---------------|-----|----|
| Boarding at Coldstream Hostel [circle one] | | Yes | No |
| If Yes, has an application been made to the Hostel? [circle one] | | Yes | No |
| Private Board [leave blank if N/A] | Name of Adult | | |
| | Address | | |
| | Phone | | |

Section C: Caregiver / Contact Information

| Mother | | Partner if Applicable |
|-----------------------------|--|-----------------------|
| Call Priority [1/2/3/4 etc] | | |
| Family Name | | |
| First Name | | |
| Address | | |
| Occupation | | |
| Home Phone # | | |
| Work Phone # | | |
| Mobile # | | |
| Email Address | | |
| Father | | Partner if Applicable |
| Call Priority [1/2/3/4 etc] | | |
| Family Name | | |
| First Name | | |
| Address | | |
| Occupation | | |
| Home Phone # | | |
| Work Phone # | | |
| Mobile # | | |
| Email Address | | |
| Guardian / Caregivers | | Emergency Contact |
| Call Priority [1/2/3/4 etc] | | |
| Family Name | | |
| First Name | | |
| Address | | N/A |
| Occupation | | |
| Home Phone # | | |
| Work Phone # | | |
| Mobile # | | |
| Email Address | | N/A |

Section D: Student Contact Information

| | |
|-----------------------|--|
| Student Mobile # | |
| Student Email Address | |

Section E: Student Educational Information

| | | | | | | |
|--|--------------------|-----|---------------------------|--------------------|-------------------------|--|
| Current School | | | | Current Year Level | | |
| School Achievements [academic, sporting, musical, other] | | | | | | |
| Student interests, hobbies, sports, career plans | | | | | | |
| Has the student been sent home, stood down or suspended | No | Yes | If Yes provide details | | | |
| Has the student been verified as an ORS student [tick box if yes] | Very High Needs | | High Needs | | Declined on Application | |
| Has the student had involvement with the following agencies | Oranga Tamariki | | CADS / CAFS | | RTLB | |
| | Other [specify] | | | | | |
| Does the student have any known learning difficulties [specify] | | | | | | |

Section F: Medical Information

| | | | | | | |
|---|-----|-----------|--|--------------------|----|--|
| Name of Family Doctor | | | | | | |
| Does the student suffer from [tick if yes / cross if no] | | | | | | |
| Migraines | | Hay Fever | | Nose Bleeds | | Asthma |
| Serious Allergies [specify] | | | | Other [specify] | | |
| <p>Is he taking any pills or medication? If so, what are they for, and is it to be taken whilst at School? <i>[Please list medication, reason for taking it and if it is to be taken whilst at school. It must be kept at and administered from the Main School Office and be provided in the original container with the student's name and the dose details]</i></p> | | | | | | |
| | | | | | | |
| Permission given for staff to administer Panadol/ibuprofen [circle one] | Yes | No | Student's immunisations are up to date [circle one] | Yes | No | <i>If Yes please provide a copy of current immunisations</i> |

Section G: Declaration / Required Documents *[tick or cross as applicable]*

| | |
|--|--|
| We give permission for personal information to be used for educational, administrative and research purposes | |
| We give permission for photographic images of the student and / or his work to be reproduced for marketing and / or educational purposes | |
| We give permission for the student to participate in offsite classroom / learning activities, under staff supervision, within walking distance of the school | |
| We agree that the student will abide by all school rules and regulations as outlined in the information handbook for parents / caregivers | |
| Copy of birth certificate or passport included with this application [NZ Citizens] | |
| Copy of passport & Student Visa / Residency Permit included with this application if the student is not a NZ Citizen | |

Section H: Signatures *[caregivers / student]*

| | | | |
|--------------------------------------|--|------|--|
| Full Name of Mother / Legal Guardian | | | |
| Signature of Mother / Legal Guardian | | Date | |
| Full Name of Father / Legal Guardian | | | |
| Signature of Father / Legal Guardian | | Date | |
| Full Name of Student | | | |
| Signature of Student | | Date | |

For Office Use Only

| Date Received | Date Entered in KAMAR | Year Level | House | New or Re-enrolment |
|---------------------|-----------------------|------------|-------|---------------------|
| | | | | |
| Birth Certificate # | | Passport # | | Other |
| | | | | |