



ENROLMENT FORM

Mountainview High School

YEAR:	YEAR LEVEL:
WHANAU GROUP:	

PART 1 (filled in by parents prior to interview)

NZQA NSN: _____

STUDENT'S SURNAME: _____
(Legal) (Preferred)

FIRST NAMES: _____

ADDRESS (where student living): _____

Student lives with: Parents Mother Father Caregiver or Specify _____

STUDENT CELL PHONE: _____ HOME PHONE NO: _____ MALE / FEMALE

DATE OF BIRTH: _____ Birth Certificate copy herewith: Yes / No

ETHNICITY: NZ European NZ Maori Iwi: _____ District: _____

Other _____ COUNTRY OF BIRTH: _____

Residency: Yes / No (If born outside of New Zealand please supply – Visa/Passport/or citizenship documentation)

MOTHER/PRIMARY CAREGIVER:

Name: Mrs/Ms/Miss _____
First names Surname

Address: _____

Email: _____ Home Phone No: _____

Occupation: _____ Cell No: _____

Workplace: _____ Work Phone No: _____

Daytime Contact

FATHER/SECONDARY CAREGIVER:

Name: _____
First names Surname

Address: _____

Email: _____ Home Phone No: _____

Occupation: _____ Cell No: _____

Workplace: _____ Work Phone No: _____

Daytime Contact

Emergency Contact Person: _____ Phone No. _____
Relative/neighbour/friend

Does the student have brothers or sisters currently (or past) at Mountainview? _____

Name _____ Year Group: _____

Name _____ Year Group: _____

Current or last school attended: _____ **Year at that school (eg Yr 10)** _____

Will you travel to school by country bus? Yes / No Which service? _____

MEDICAL:

Family Doctor: _____ **Dr's Phone No.:** _____

Any Health Problem/s: _____ mild moderate severe

Any other special information which the school should be aware of: (eg home circumstances)

Reasons for enrolment at Mountainview:

(1) _____

(2) _____

INTERESTS AND ACHIEVEMENTS (eg cultural, drama, music, sport, rep honours etc):

ENROLMENT DECLARATION

I undertake to comply with the school regulations as set out in the Prospectus, together with any further regulations as decided and advertised by the school Board of Trustees.

The school donation is to offset costs for activities outside delivery of the curriculum, \$120 for one student, \$160 for two or more from the same family. This donation is tax deductible.

Other contributions are to cover costs over and above the basic requirements to deliver the curriculum. These contributions include items like take home consumables which we can order on behalf of your child, work books, field trips, camps, sports teams.

We/I give permission for the information on this enrolment form to be used for educational and health purposes.

Signed: _____ (*Student*)

Signed: _____ (*Parent/Caregiver*) Date: _____

PART II (filled in by Senior Staff at time of interviews)

OPTION SUBJECTS:

