



WAIRARAPA COLLEGE

Kia Mātau Kia Māia - With Wisdom and Courage

APPLICATION FOR ENROLMENT

Family Name: _____ Given Names: _____

Preferred Name: (if different to given name): _____

Date of Birth: ____/____/____ (day/month/year) Gender: _____ Hostel: YES/NO

Home Address: _____ Postcode _____

Home Phone: _____ Student Mobile: _____

Last School Attended: _____ Date last attended: _____

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

Ethnic Group(s): _____

Māori Iwi Affiliation (if applicable): _____

Siblings currently or past students at Wairarapa College: _____

Strengths that the student has that WaiCol should be aware of?

Cultural / Academic / Sporting _____

Primary Residence A:

Caregiver 1: Mr Mrs Ms Miss

Caregiver 2: Mr Mrs Ms Miss

Family Name: _____

Family Name: _____

Given name: _____

Given Name: _____

Relationship to Student: _____

Relationship to Student: _____

Address (residential): _____ Postcode _____

Postal Address (if different): _____ Postcode _____

Phone (home): _____

Phone (home): _____

Phone (work): _____

Phone (work): _____

Mobile phone: _____

Mobile phone: _____

Email: _____

Email: _____

Work Place: _____

Work Place: _____

Applying to the Supported Learning Centre (SLC): YES / NO

ORS Funded: YES / NO

Secondary Residence B:

Caregiver 1: Mr Mrs Ms Miss

Caregiver 2: Mr Mrs Ms Miss

Family Name: _____

Family Name: _____

Given Name: _____

Given Name: _____

Relationship to Student: _____

Relationship to Student: _____

Address (residential): _____ Postcode _____

Postal Address (if different): _____ Postcode _____

Phone (work): _____

Phone (work): _____

Mobile phone: _____

Mobile phone: _____

Email: _____

Email: _____

Work Place: _____

Work Place: _____

EMERGENCY CONTACT (other than parent/caregiver)

Mr Mrs Ms Miss

Name: _____

Relationship to Student: _____

Address: _____

Phone (home): _____

Phone (work): _____

Mobile Phone: _____

MEDICAL SECTION:

(All information provided is confidential)

Attached is Wairarapa College Health History Form. This form MUST be completed and submitted with your enrolment application.

Where to send correspondence/reports?

Primary Residence A Secondary Residence B

Where to send accounts?

Primary Residence A Secondary Residence B

Are there any issues that WaiCol should be aware of?

Community Agencies _____

Behavioural Concerns _____

Please indicate further support the student currently receives:

RTLB Social Worker in Schools Resource Teacher of Literacy

Guidance Counselling Speech/Language Therapist Special Education Grant

Any other information that would be useful: _____

I agree to support the rules and regulations of the school as detailed in the Student/Whanau Handbook which can be viewed at www.waicol.nz

Parent/Caregiver signature _____

Checklist: Please attach a copy of:

- Current ID for Student (birth certificate/passport)
- Health History Form
- Signed Approval Booklet
- Academic Record
- Latest School Report



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Health History Form

Please answer the following questions about the student that you are enrolling at Wairarapa College so that we can take care of them if they get sick or hurt. The College nurses will only share this information with others who need to know.

Student's Name _____ Date of Birth _____

Name of person filling out this form _____ Relationship to student _____

Doctor/Clinic _____ Dentist _____

MEDICAL CONDITIONS - Has the student ever had any of the following things?

Medical Conditions	Yes	No	If Yes – Why?
Have they ever been a patient in a hospital overnight?			
Asthma (trouble breathing) Do they have an inhaler?	Yes	No	If Yes – What is the name of the medicine they take?
Do they have an "Asthma Action Plan"	Yes	No	
Diabetes (sugar in the blood) Do they take any medicines or injections?	Yes	No	If Yes – What is the name of the medicine they take?
Epilepsy (fits or seizures) Do they take an medicines?	Yes	No	If Yes – What is the name of the medicine they take?
Rheumatic Fever (heart problems) or any other heart problems Do they take any medicines or injections	Yes	No	If Yes – What is the name of the medicine they take?
Is the student seeing a counsellor?	Yes	No	If yes – why?
Is there anything else you think we should know about?	Yes	No	
Are there any other medicines that you haven't already mentioned?	Yes	No	

ALLERGIES – Is there anything that makes the student unwell if they eat it, breathe it or touch it?

Allergic Reaction To	What happens to them?
Have you ever been told that they require an epipen? Yes No	If yes have you supplied the school with the appropriate medication and action plan that may be required? Yes No

MEDICINES

Please send any medications that the student may need to take at school regularly or for emergencies (e.g. antihistamines for bee stings) to the School Nurse to keep locked in the cupboard. They will need to have their medicine in the original bottle or box from the chemist or doctor, with their name on and how much they need to take.

You can tell us more about the medicine here:

What is its name? _____

What is it for? _____

IMMUNISATION

Has the student ever had a tetanus immunisation/injection? **YES / NO** (please circle answer)

If YES, list date of last tetanus injection _____

Has the student ever had MMR injection? **YES/NO**

If YES, list date of last MMR injection _____

Does the student have trouble hearing? **YES / NO**

If YES, do they wear a hearing aid? **YES / NO**

Does the student have trouble with the vision/seeing? **YES / NO**

If YES, do they wear glasses or contacts? **YES / NO**

PERMISSION FOR WELLNESS ASSESSMENTS AND MEDICATION AT SCHOOL

I give permission for the school nurse to complete Wellness Assessments **YES / NO**

Sometimes it may be necessary for the nurse to consider giving students Panadol (Paracetamol) at school. Please sign below if you agree to the nurse giving the student Panadol while at school.

I give permission for the School to give Paracetamol/Panadol to _____ (student name)

Parent/Guardian Signature _____ **Date** _____

In case of a serious illness or accident students will be taken to a doctor for care. An ambulance may be called if necessary. A parent/guardian will also be called, so please ensure that the school has your most current contact details.

Note – This information is for School purposes. The School reserves the right the pass on this information to other agencies it sees fit to hold and store the information.
