



Edgewater College

Junior School Student Profile

Confidential

OFFICE USE

In Zone <input type="checkbox"/>	Out of Zone <input type="checkbox"/>	Entered KAMAR/ENROL by: _____
Enrolment No: _____	NSN No: _____	Core Class: _____
Year Level: _____	Start Date: _____	Enrolling Teacher: _____

CHECKLIST FOR PARENTS *have you attached the following?*

- | | |
|---|---|
| <input type="checkbox"/> Copy of Birth Certificate | <input type="checkbox"/> Copy of latest school report |
| <input type="checkbox"/> Copy of Passport and Visa | <input type="checkbox"/> Option sheet(s) completed |
| <input type="checkbox"/> Guardian Letter (<i>if applicable</i>) | <input type="checkbox"/> Medical form completed |

1. Student details

Previous school (or country):	Family/Surname (Legal): <i>(as on birth certificate)</i>	
Country of birth:	First Name/s (Legal): <i>(as on birth certificate)</i>	
Language spoken at home:	Name to be known by at the school: <i>(if different from above)</i>	
Ethnicity/Cultural Identity: <i>(refer to Ministry of Education Guide)</i> 1. 2. 3.	Address: Post Code:	
Iwi: <i>(if applicable, up to 3 may be listed)</i> 1. 2. 3.	Date of Birth: Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	
	Year Level you are Enrolling for: <input type="checkbox"/> Year 9 <input type="checkbox"/> Year 10	
Sibling/s currently attending Edgewater:	Student Email at Home:	
Student Mobile:		

2. Citizenship *Original documents (or certified copies) must be sighted by the College and copies attached Please indicate:*

New Zealand citizen:

Birth Certificate # or NZ Passport # or NZ Citizenship Certificate #

NZ Resident or Australian Resident:

Other Passport with Residency Permit #

Australian Citizen:

Australian Passport with Residency Permit #

If Student born outside New Zealand, please note Date of Arrival in New Zealand: ____/____/____

Passport Number: Issued by Expiry date:

Domestic Student Visa Number: Issued by Expiry date:

If eligibility is Domestic Student Visa, a copy of the parent's passport and valid work visa must also be attached.

Refugee or Protected Person:

Domestic Student Visa Number: Expiry date:

AND

NZIS Identity Card Number: Expiry date:

OR

Passport Number: Issued by Expiry date:

OR

Refugee Travel Document Number: Issued by Expiry date:

3. Parents/Caregivers responsible for student at the above address

Address where student lives MOST of the time

MOTHER / CAREGIVER 1	
Work Phone:	Family/Surname:
Mobile Phone:	First Name:
Email:	Title: <input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Ms
Occupation:	Relationship to student:
Workplace:	<input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Step-parent <input type="checkbox"/> Legal Guardian <input type="checkbox"/> Caregiver only Other:
FATHER / CAREGIVER 2	
Work Phone:	Family/Surname:
Mobile Phone:	First Name:
Email:	Title: <input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Ms
Occupation:	Relationship to student: <i>(please circle)</i>
Workplace:	<input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Step-parent <input type="checkbox"/> Legal Guardian <input type="checkbox"/> Caregiver only Other:

4. Parents NOT living at same address as the student

Complete this section only if parent/caregiver lives at DIFFERENT address

Relationship: <input type="checkbox"/> Mother <input type="checkbox"/> Father	Family/Surname: <input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Ms
Home Phone:	First Name:
Mobile Phone:	Work Phone:
Address:	
Email:	
Access rights: <input type="checkbox"/> Yes <input type="checkbox"/> No	Legal Guardian: <input type="checkbox"/> Yes <input type="checkbox"/> No
Emergency contact: <input type="checkbox"/> Yes <input type="checkbox"/> No	Reports required: <input type="checkbox"/> Yes <input type="checkbox"/> No
Relationship: <input type="checkbox"/> Mother <input type="checkbox"/> Father	Family/Surname: <input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Ms
Home Phone:	First Name:
Mobile Phone:	Work Phone:
Address:	
Email:	
Access rights: <input type="checkbox"/> Yes <input type="checkbox"/> No	Legal Guardian: <input type="checkbox"/> Yes <input type="checkbox"/> No
Emergency contact: <input type="checkbox"/> Yes <input type="checkbox"/> No	Reports required: <input type="checkbox"/> Yes <input type="checkbox"/> No

5. Additional / Emergency Contact (to be used only if Parent/Caregiver cannot be contacted)

Home Phone:	Family/Surname: <input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Ms
Work Phone:	First Name:
Mobile Phone:	Relationship to Student:

6. Comments

.....

.....

.....

.....

.....

7. Agreements by Student and Parent/Caregiver

1. RESPONSIBILITIES OF SCHOOL, PARENTS/CAREGIVERS AND STUDENTS

We have read the statement on Responsibilities of the School, Parents/Caregivers and Students and agree to accept this undertaking.

2. CIGARETTES, ALCOHOL AND ILLEGAL DRUGS

We have read and agree to the terms of the statement on Cigarettes, Alcohol and Illegal Drugs.

3. COMPUTER USE

We have read the statement and agree to the terms of the statement on Computer Use.

4. EDGEWATER COLLEGE WEBSITE

We consent to the name and/or photograph of this student appearing on the College website when promoting student and school achievements and activities and/or the student being filmed for staff professional development purposes.

Yes No

Student and Parent/Caregiver Declaration

I request that *(name of student)*be admitted to Edgewater College.

- I undertake to pay the set school fees
- I undertake to ensure that the rules and conditions are observed
- I agree that the above details are correct

The Privacy Act 1993

Edgewater College undertakes to collect, use and store the information you provide on the form according to the principles of the Privacy Act 1993. The information will be used to prepare class rolls and reports required by the Ministry of Education, the Ministry of Health and the Ministry of Social Development for administration and pastoral purposes.

I agree that the information can be used for the above purposes.

Parent/Legal Guardian/Caregiver Name: _____

Parent/Legal Guardian/Caregiver Signature: _____

Student Name: _____

Student Signature: _____

Date: ____/____/____