



ENROLMENT FORM

Proposed Year of Entry: _____

Proposed Academic Year Level at Entry: Y3 Y4 Y5 Y6 Y7 Y8

Male Female Day Boarder International Student

STUDENT INFORMATION

Surname		Religion	
First Names		Nationality	
Preferred Names		Language at Home	
Date of Birth		Country of Birth	
Present School		NZ Residency	<input type="checkbox"/> Yes <input type="checkbox"/> No (non NZ Citizens)
Present Year Level		Ethnic Group / Iwi	

CUSTODIAL INFORMATION

Please specify who has custody of the Student:	<input type="checkbox"/> Both Parents <input type="checkbox"/> Father Only <input type="checkbox"/> Mother Only <input type="checkbox"/> Other (Specify name & relationship)
During the school week the Student lives with:	<input type="checkbox"/> Both Parents <input type="checkbox"/> Father Only <input type="checkbox"/> Mother Only <input type="checkbox"/> Guardian

PRIMARY CAREGIVERS

Primary Caregiver's Details		Spouse / Partner's Details	
Relationship to Student:		Relationship to Student:	
Title		Title	
Surname		Surname	
First Names		First Names	
Preferred First Name		Preferred First Name	
Home Address		Home Address	
Suburb		Suburb	
Town / City		Town / City	
Postcode		Postcode	
Country		Country	
Home Phone		Home Phone	
Mobile Phone		Mobile Phone	
Personal Email:		Personal Email:	
Work Phone		Work Phone	
Work Fax		Work Fax	
Occupation		Occupation	
Industry		Industry	
Business Name		Business Name	
Business Email:		Business Email:	
Preferred Email:	Please nominate one email address to receive important Huntley communication: (*)		

SECONDARY CAREGIVER/S

Secondary Caregiver's Details			
Relationship to Student:		Relationship to Student:	
Title		Title	
Surname		Surname	
First Names		First Names	
Preferred First Name		Preferred First Name	
Home Address			
Suburb		Suburb	
Town / City		Town / City	
Postcode		Postcode	
Country		Country	
Home Phone		Home Phone	
Mobile Phone		Mobile Phone	
Personal Email:		Personal Email:	
Work Phone		Work Phone	
Work Fax		Work Fax	
Occupation		Occupation	
Industry		Industry	
Business Name		Business Name	
Business Email:		Business Email:	
Preferred Email:	Please nominate one email address to receive important Huntley communication: (*)		
HUNTLEY AFFILIATIONS			
Siblings currently attending Huntley			
Name			
Siblings who formerly attended Huntley			
Name			
Siblings who may attend Huntley in the future			
Name			
Other affiliations with the School (e.g. Parent / Relative is a current / former student of staff member)			
Name	Relationship	Affiliation (Student of staff member)	

STUDENT'S MEDICAL / PASTORAL / LEARNING NEEDS / DISCIPLINARY INFORMATION

Places are offered by the school in good faith.

Disclosure is an essential part of the enrollment process.

Disclosure allows the Huntley staff to provide an appropriate level of support for medical/pastoral care and/or learning needs/difficulties that particularly affect a student's learning in the classroom and/or integration into our boarding environment.

Medical (Please give relevant details) / Pastoral Care Details (Has the applicant been involved with a counselor, psychologist, psychiatrist or other professional in the past 5 years? Please give relevant details)

Special Learning Support Needs (Does the applicant have any Special Learning Needs / Difficulties?)

Special Talents / Abilities (Has the applicant been identified as having special talents / abilities?)

Discipline Issues (Has the applicant been involved in an discipline issues?)

Other Information relevant to Application

DECLARATION

I/we declare that the information provided in this application is true and correct.

Name: _____ Signature: _____ Date: _____

Name: _____ Signature: _____ Date: _____

If this application is being made in the year of entry, or the year prior to entry, please attach a PHOTOCOPY of the Applicant's latest DETAILED school report for review.

If parents/caregivers do not want us to contact your child's current school for information which will help us to meet your child's future needs please let us know.

Please return to:

Huntley School Office, 102 Wanganui Road, P O Box 95, Marton, 4741, New Zealand
Ph: 06 327 8049 Fax: 06 327 8047