







**SOUTH OTAGO  
HIGH SCHOOL**

# Student Enrolment Form

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**Quality Education in a Supportive Community**

 South Otago High School, Frances St, Balclutha 9230, New Zealand  
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## SOUTH OTAGO HIGH SCHOOL

### Student Details

Family Name: ..... Gender:  Male  Female  Gender Diverse  
First Names: ..... Date of Birth: .....  
Name Known by: ..... Place of Birth: .....  
Student Cell Number: ..... Country of Citizenship: .....  
Current Year Level: ..... Ethnic Group: .....  
Previous School: .....

### Parent (s) /Caregiver (s) / Student Lives With Details

#### Mother

Mrs/ Ms/ Miss/ Dr Family Name: ..... First Name: .....  
Address: .....  
Home phone: ..... Cell phone: ..... Work phone: .....  
Email: ..... Occupation: .....

#### Father

Mr/ Dr Family Name: ..... First Name: .....  
Address: .....  
Home phone: ..... Cell phone: ..... Work phone: .....  
Email: ..... Occupation: .....

#### Caregiver (optional)

Mr/ Mrs/ Ms/ Miss/ Dr Family Name: ..... First Name: .....  
Relationship to Student (i.e. Stepmother, Stepfather, Caregiver, Legal Guardian): .....  
Address: .....  
Home phone: ..... Cell phone: ..... Work phone: .....  
Email: ..... Occupation: .....

### Additional Emergency Contact

Mr/ Mrs/ Ms/ Miss/ Dr Family Name: ..... First Name: .....  
Home phone: ..... Cell phone: ..... Work phone: .....  
Relationship to student: .....



## SOUTH OTAGO HIGH SCHOOL

### Health Records

Doctor: ..... Phone No: .....

Dentist: ..... Phone No: .....

Please explain any medical condition/disability of which the school should be aware:

.....  
.....  
.....

Do you require the school to carry meds for students:  Yes  No

(Details) .....

### Rural Bus

Yes / No

If yes, please tick your bus route:

- |   |  |  |   |
|---|--|--|---|
| <input type="checkbox"/> Clinton/Kuriwao  | <input type="checkbox"/> Clyvedale       | <input type="checkbox"/> Hillend       | <input type="checkbox"/> Inchclutha       |
| <input type="checkbox"/> Lakeside         | <input type="checkbox"/> Taumata/Clinton | <input type="checkbox"/> Te Houka      | <input type="checkbox"/> Tuapeka/ Pukeawa |
| <input type="checkbox"/> Wairuna/ Clinton | <input type="checkbox"/> Waitepeka       | <input type="checkbox"/> Waiwera South | <input type="checkbox"/> Wangaloa         |
| <input type="checkbox"/> Kaka Point       |  |  |   |

### Family/ School Links

**Preferred House:**  Blaikie  Somerville  Sutherland  McDonald

Name of sibling/s who have attended or are attending SOHS:

Name: ..... Years of attendance: .....

Name: ..... Years of attendance: .....

### Interests

Academic interests and achievements: .....

Sporting and cultural interests: .....

Skills/support family can offer the school (eg. assist with volunteer help, transport, PTA, coaching, canteen etc): .....

.....  
.....



## SOUTH OTAGO HIGH SCHOOL

### Learning

Does the student have a learning difficulty?

Yes  No

Is there a family history of things such as dyslexia?

Yes  No

If the student does have a learning difficulty, has an assessment been carried out?

Yes  No

If yes, by whom and when? .....

### Checklist for Parents

- Copy of Birth Certificate attached
- Copy of passport attached (or visa if from overseas)
- Copy of student's vaccination certificate

### Accident or Emergency

I give permission for my child to receive on-prescription medicines such as Panadol, from the sickbay when required.

Yes  No

If the school is unable to contact you, or if the accident is serious, I give permission for the school to take your child to a medical centre or call an ambulance.

Yes  No

*If your child has a life threatening condition they are are required to wear a Medic Alert Bracelet.*

Is your child currently up to date with their immunisations?

Yes  No

*A copy of the student's Vaccination Certificate is required.*

Signature .....

### Parents and Students

1. **Cyber Safety:** I agree to abide by the cyber safety agreement.  Yes  No
2. **Low Risk Activities:** I agree for my child to take part in low risk, local activities during the school day.  Yes  No
3. **School Accounts:** I agree to pay my child's accounts as per the school policy  Yes  No
4. **Images/ Photos:** I agree for my child's image to be used by the school for marketing purposes  Yes  No
5. **Declaration:** I have read the School Prospectus and undertake to ensure that my son/daughter abides by the regulations and expectations of the school and Board. All Board policies are available for your consideration at the school office.  Yes  No

Mother's Signature: ..... Caregiver's Signature: .....

Father's Signature: ..... Student's Signature: .....

Full Name: ..... Date:.....