



WELLINGTON COLLEGE

Dufferin Street • PO Box 16073, Wellington 6242 • Telephone: 04 802 2520 • Facsimile: 04 802 2542
 Email: enrolments@wellington-college.school.nz • Web: www.wellington-college.school.nz

Date of Application: / /

IN ZONE ENROLMENT APPLICATION FOR YEARS 10 - 13, 2012

STUDENT'S DETAILS				
Family Name:		First Names:		
Preferred Name:		Date of Birth: / / 19		
Address:				Postcode:
Current School:		Current Form Level:	Suburb/Town:	
Student's Email Address:			Student's Mobile Number:	
Ethnic Group: <input type="checkbox"/> European <input type="checkbox"/> Maori <input type="checkbox"/> Pasifika (Please specify) <input type="checkbox"/> Asian (Please specify) <input type="checkbox"/> Other:				
If Maori, list iwi/s: 1.		2.	3.	
Tick ONE Box:	<input type="checkbox"/> NZ Citizen	<input type="checkbox"/> Permanent Resident	<input type="checkbox"/> Other (Please specify)	
CAREGIVER ONE INFORMATION		<input type="checkbox"/> Living with Son		<input type="checkbox"/> Access to Son
<input type="checkbox"/> Mr	<input type="checkbox"/> Mrs	<input type="checkbox"/> Ms	<input type="checkbox"/> Miss	<input type="checkbox"/> Other (Please specify)
Family Name:		First Names:		
Relationship:		Email Address:		
Address:				Postcode:
Home Telephone:		Work Telephone:	Mobile:	
Occupation:		Company Name/Employer:		
CAREGIVER TWO INFORMATION		<input type="checkbox"/> Living with Son		<input type="checkbox"/> Access to Son
<input type="checkbox"/> Mr	<input type="checkbox"/> Mrs	<input type="checkbox"/> Ms	<input type="checkbox"/> Miss	<input type="checkbox"/> Other (Please specify)
Family Name:		First Names:		
Relationship:		Email Address:		
Address:				Postcode:
Home Telephone:		Work Telephone:	Mobile:	
Occupation:		Company Name/Employer:		
LEGAL GUARDIAN INFORMATION (Where Applicable)				
<input type="checkbox"/> Mr	<input type="checkbox"/> Mrs	<input type="checkbox"/> Ms	<input type="checkbox"/> Miss	<input type="checkbox"/> Other (Please specify)
Family Name:		First Names:		
Relationship:		Email Address:		
Address:				Postcode:
Home Telephone:		Work Telephone:	Mobile:	
Occupation:		Company Name/Employer:		

EMERGENCY CONTACT DETAILS • THIS INFORMATION IS ESSENTIAL (Not to be a Parent or Caregiver)					
<input type="checkbox"/> Mr	<input type="checkbox"/> Mrs	<input type="checkbox"/> Ms	<input type="checkbox"/> Miss	<input type="checkbox"/> Other (Please specify)	
Surname:			First Name:		
Relationship to Student:			Mobile:		
Home:			Work:		
STUDENT SUBJECT INFORMATION (Option Subject Choices. Please refer to the Enrolment Information Booklet)					
1.	2.	3.	4.	5.	6.
EXTRA CURRICULAR ACTIVITIES (What extracurricular activities does student currently participate in? Do not include Scouts/Art Classes etc)					
Sports:	1.	2.	3.	4.	
Performing Arts:	1.	2.	3.	4.	
MEDICAL INFORMATION					
Illness/Allergies:					
Medications:					
Special Needs:					
COLLEGE DIRECTORY					
A Directory of students with form class, address, telephone number and email address is produced by College Mothers and distributed to all students early in the year. Please indicate your consent for this.					
<input type="checkbox"/> Yes, include our details			<input type="checkbox"/> No, do not include any of our details		
WELLINGTON COLLEGE OLD BOY AFFILIATION					
The following information does not enhance your application. It is just to assist with the family links with the WCOBA database.					
Have you any relations who have attended Wellington College? <input type="checkbox"/> Yes					<input type="checkbox"/> No
Name of Relative:	Relationship:		Years Attended:	-	
Name of Relative:	Relationship:		Years Attended:	-	
<i>The purpose of collecting this information is to allow Wellington College to carry out the functions required of it as a secondary provider and information may be disclosed to specified agencies for this purpose or as stated in Part 10, Clause 97 of the Privacy Act, 1993. Wellington College undertakes to comply with the provisions of the Privacy Act 1993, which relate to collection, storage, usage and disclosure of personal information.</i>					

WELLINGTON COLLEGE ENROLMENT SCHEME	
First Priority:	<i>Applicants whose permanent place of residence is within the College zone</i>
Second Priority:	<i>Applicants who are siblings of current students</i>
Third Priority:	<i>Applicants who are siblings of former students</i>
Fourth Priority:	<i>Applicants who are sons of former students of the College</i>
Fifth Priority:	<i>Applicants who are either sons of an employee of the Board of the School or sons of a Member of the Board of the School</i>
Sixth Priority:	<i>All other applicants</i>

ENROLMENT QUESTIONNAIRE

The Education Act gives a guarantee of enrolment to students who live in the home zone specified in the College's enrolment scheme. The Board needs to be sure that an in zone address is genuine, because it is required to manage the enrolment scheme for the benefit of local students.

STUDENT'S NAME

1 What will be the address of the student's permanent place of residence when the College opens for instruction next year?

2 Will the student be living at this address for at least 24 months after the College opens? Yes No

IF THE STUDENT WILL BE LIVING WITH HIS PARENT/S OR LEGALLY APPOINTED GUARDIAN/S:

3 Have you lived at this address for more than one year? Yes No

4 Do you intend to live permanently at this address (for the next 24 months?) Yes No

5 Do you own the property? Yes No

6 If you are the guardian, do you have documentation showing legal guardianship? Yes No

7 If separated/divorced, do you share custody? Yes No N/A

IF THE STUDENT IS IN THE CARE OF A GUARDIAN:

8 I confirm that _____, is my son's guardian and will have the primary duty of care and therefore should be the College's first contact in matters related to discipline and progress at the College. Yes No

9 How long has this arrangement been in place? _____ Years _____ Months

10 Is it a permanent arrangement? Yes No

11 What is the reason for this arrangement?

12 What is your home address?

If any issues arise from the above information, the Board may wish to interview you to ensure the genuineness of the application. If your application for enrolment is declined, you may appeal the Board's decision by asking the Ministry of Education to direct the Board to enrol the student; application forms are available from the Ministry's local office. (Ref: Education Act s11.O, 11.OA and 11.P).

The Ministry of Education has advised that parents should be warned of the possible consequences of deliberately attempting to gain unfair priority in enrolment by knowingly giving a false address or making an in zone living arrangement which they intend to be only temporary, for example:

- Renting accommodation in zone on a short-term basis; or
- Arranging temporary board in zone with a relative or family friend.

The College may actively collect information to ensure that enrolment data provided is accurate.

If the College learns that a student is no longer living at the in zone address given at the time of application for enrolment, and has reasonable grounds to believe that a temporary in zone residence has been used for the purpose of unfairly gaining priority in enrolment at the College, then the Board may review the enrolment. Unless the parents can provide a satisfactory explanation within 10 days, the Board may annul the enrolment. This course of action is provided for under Section 11.OA of the Education Act 1989.

The address given at the time of application for enrolment must be the student's usual place of residence when the College is open for instruction. From time to time, parents who live outside the College's home zone submit enrolment applications that incorrectly claim residence in the zone. Dishonest applications could constitute offences under the Crimes Act. For example, using a forged document, such as a doctored tenancy agreement, is a crime.

DECLARATION

I/we confirm that the information contained in this enrolment application and enrolment questionnaire is true and correct in every respect and my/our son (ward) shall be subject to all rules, regulations and expectations of the College as stated in the prospectus.

The address which I/we have provided to the College will be the usual place of residence of _____ (student's name) when the College is open for instruction next year, and I/we intend to live at this address permanently. I/we confirm that I/we will advise the College if for any reason there is a subsequent change of address.

I/we also agree to give the earliest possible advice to the College of a decision to withdraw this application.

Signed: Date: / / Relationship to the Student:

Signed: Date: / / Relationship to the Student:

(At least one parent to sign)

CHECKLIST**REQUIRED FOR IN ZONE APPLICATIONS**

LIVING IN OWN HOME:	Two recent original documents showing residence in zone:
	<input type="checkbox"/> Rates Notice AND one of the following:
	<input type="checkbox"/> Telephone Account <input type="checkbox"/> Electricity Account <input type="checkbox"/> Bank Statement or similar
	PLEASE NOTE THAT PO BOXES ARE NOT PROOF OF RESIDENCE IN ZONE.
LIVING IN RENTED HOME:	Two recent original documents showing residence in zone:
	<input type="checkbox"/> Signed Copy of your Tenancy Agreement. <i>A current rental agreement is acceptable to the Board for an In Zone application. Students should remain within the College zone for at least two years from the time the student starts at the College. Any change of address, either within or out of the zone, must be notified to the College immediately.</i>
	AND one of the following: <input type="checkbox"/> Telephone Account <input type="checkbox"/> Electricity Account <input type="checkbox"/> Bank Statement or similar
	PLEASE NOTE THAT PO BOXES ARE NOT PROOF OF RESIDENCE IN ZONE.
ALSO TO BE INCLUDED:	1 <input type="checkbox"/> Copy of Birth Certificate
	2 <input type="checkbox"/> Copy of Passport if student was born overseas and date of entry into New Zealand
	3 <input type="checkbox"/> Copy of New Zealand Residency (if applicable)
	4 <input type="checkbox"/> Copy of Approved Refugee Status (if applicable)
	<i>Note: If parent/s are studying for a PhD at a NZ University, as an International Student, a copy of parent/s passport, study visa and enrolment acceptance for PhD is required. If parent/s are in New Zealand on a work permit, a copy of parent/s passport work visa is required.</i>

OFFICE USE ONLY:

- Birth Certificate
- Confirmation of Application
- Letter
- Residential Verification
- Subjects
- Y9 Contributing School Form

RECEIVED:

- Completed Acceptance
- Withdrawn Notification
- Y9 Contributing School Form
- Other