



## Caregiver Details

Relationship to Student e.g. Mother \_\_\_\_\_ Mrs / Ms / Miss / Dr  
(Please circle one)

Family Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Phone: Home: ( ) \_\_\_\_\_ Work: ( ) \_\_\_\_\_ Cell phone: \_\_\_\_\_

Contact by text for attendance purposes Y or N (circle one)

Email: \_\_\_\_\_

Occupation: \_\_\_\_\_ Employer: \_\_\_\_\_

To receive School Information (e.g. reports, newsletters) Yes/No

Relationship to Student e.g. Father \_\_\_\_\_ Mr / Dr  
(Please circle one)

Family Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Phone: Home: ( ) \_\_\_\_\_ Work: ( ) \_\_\_\_\_ Cell phone: \_\_\_\_\_

Contact by text for attendance purposes Y or N (circle one)

Email: \_\_\_\_\_

Occupation: \_\_\_\_\_ Employer: \_\_\_\_\_

To receive School Information (e.g. reports, newsletters) Yes/No

**If parents are separated** at which address does the student normally reside:

Mother/Guardian  Father/Guardian

**Payment of accounts** – Please indicate who will be responsible for the payment of school accounts

Mother/Guardian  Father/Guardian

**Emergency Contact:** Relationship to Student (e.g. grandparent/neighbour/friend) \_\_\_\_\_

Family Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Phone: Home: ( ) \_\_\_\_\_ Work: ( ) \_\_\_\_\_ Cell phone: \_\_\_\_\_

## IF YOU HAVE FURTHER CAREGIVER DETAILS, PLEASE COMPLETE THIS PANEL

Relationship to Student \_\_\_\_\_ Mr / Mrs / Ms / Dr

Family Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Phone: Home: ( ) \_\_\_\_\_ Work: ( ) \_\_\_\_\_ Cell phone: \_\_\_\_\_

Contact by text for attendance purposes Y or N (circle one)

Email: \_\_\_\_\_ to receive School Information (e.g. reports, newsletters) Yes / No

**Parenting Order ...** if one is in place please include a copy of any documentation with this application.  
This request is made in the interests of the school providing good pastoral care for your child.

## Transport to School

Will you travel to Nelson College by bus?  Yes  No

If yes, which bus?  City boundary  Motueka (inland)  Motueka (Coastal)  Hira  The Glen  Tui Glen  
 Dodsons Valley  Rai Valley  Richmond

## Medical Details

Student's Doctor: \_\_\_\_\_

Dentist \_\_\_\_\_

### Medical Treatment

Parents/Caregivers enrolling a student at Nelson College give permission for the administration of first aid by staff with first aid training. Nelson College will give non-prescribed medication (according to the dosages specified) in emergency situations only. A register is kept of the medication and treatment given. Students who require non-prescription medication on a semi-regular basis are encouraged to provide their own supply which will be held in the College Office for their use only.

### Medical Conditions

Condition/allergy .e.g. Asthma, wasp stings	Treatment e.g. Carries own inhaler (self controlling)

### Medication

Do you require the College to hold and/or administer medication for your student?  Yes  No

*If 'Yes' the College will make contact to confirm details and complete the necessary consent form/s*

Please provide details of the medication :

Describe any other special circumstances (e.g. health related) that may affect class work, sports or cultural activities:

**Nelson College requires that the following undertakings be agreed to by the parent/s or legal guardian on behalf of themselves and the enrolling student.**

The information on the previous pages is correct and complete.

- I will advise the College of any subsequent change to this information.
- I am aware that there are costs associated with a number of College activities. I undertake to pay these costs before the activity takes place, unless I have made other arrangements with the Resource Manager.
- For the purposes of the Privacy Act 1993, I hereby acknowledge and understand that:-
  - This information has been provided voluntarily and I/We had a choice as to whether to complete all parts of the Form or not.
  - The Board of Trustees of Nelson College is collecting this information for the purposes of providing a database relating to the future education, guidance, monitoring and reporting of the student's progress and pastoral care.
  - The information collected may be aggregated for a variety of statistical and research purposes, but ensuring that no individuals can be identified.
  - The student's work and/or photograph may appear in school publications and unless advised otherwise, it is understood that the school has consent to the publication of work and/or photographs of the student that may appear in such school publications including newsletters, prospectus, magazine and advertising material.
  - The school may disclose names, addresses and telephone numbers to the Parent-Teacher and Past-Pupils' Associations.

Name of Parent/Legal Guardian: \_\_\_\_\_

Signature of Parent/Legal Guardian: \_\_\_\_\_

Date: \_\_\_ / \_\_\_ / \_\_\_

Signature of Student: \_\_\_\_\_

Date: \_\_\_ / \_\_\_ / \_\_\_

# NELSON COLLEGE BOARDING

## Application for Entry Form

**A non refundable application fee of \$50.00 must accompany this application form**

**Please make cheques payable to Nelson College**

**Note: Payment of this fee does not commit the College to accepting the applying student into Boarding**

<b>Student Information</b>	
Preferred House Reason for choice	<input type="checkbox"/> No preference <input type="checkbox"/> Fell <input type="checkbox"/> Rutherford <input type="checkbox"/> Barnicoat
Please complete a short statement by the applicant on why he would like to come to Nelson College	
Proposed Year of Entry ( <i>please circle one</i> )      2009    2010    2011    2012	
Please include the following documentation:	
Latest School Report(s) <input type="checkbox"/> Passport Photograph <input type="checkbox"/>	

<b>Payment Responsibilities</b>
Please indicate below who will be responsible for paying Boarding accounts:
Name: ..... Address: .....

<b>References</b>						
Please nominate two non family members who can be contacted for confidential references:						
<table style="width: 100%; border: none;"> <tr> <td style="width: 50%; padding: 5px;">Name: .....</td> <td style="width: 50%; padding: 5px;">Name: .....</td> </tr> <tr> <td style="padding: 5px;">Telephone No: Home ( ) .....</td> <td style="padding: 5px;">Telephone No: Home ( ) .....</td> </tr> <tr> <td style="padding: 5px;">Work ( ) .....</td> <td style="padding: 5px;">Work: ( ) .....</td> </tr> </table>	Name: .....	Name: .....	Telephone No: Home ( ) .....	Telephone No: Home ( ) .....	Work ( ) .....	Work: ( ) .....
Name: .....	Name: .....					
Telephone No: Home ( ) .....	Telephone No: Home ( ) .....					
Work ( ) .....	Work: ( ) .....					

Signature of Parent (Mother)/Legal Guardian: \_\_\_\_\_

Date: \_\_\_ / \_\_\_ / \_\_\_

Signature of Parent (Father)/Legal Guardian: \_\_\_\_\_

Date: \_\_\_ / \_\_\_ / \_\_\_

Signature of Student: \_\_\_\_\_

Date: \_\_\_ / \_\_\_ / \_\_\_