



HAMILTON BOYS' HIGH SCHOOL

Argyle House Enrolment Application Form

ATTACH
PASSPORT SIZE
PHOTO HERE

Your Son's Details

FIRST NAME

MIDDLE NAME(S)

SURNAME

PHYSICAL ADDRESS

POSTCODE

POSTAL ADDRESS (If different from above)

POSTCODE

DATE OF BIRTH

CURRENT SCHOOL

PARENT / CAREGIVER CONTACT FOR THIS APPLICATION

PARENT / CAREGIVER CONTACT PHONE NUMBER

LEVEL OF ENTRY

(Please circle)

YEAR OF ENTRY

PLEASE INDICATE THE ACADEMIC AND CALENDAR YEAR OF ENTRY YOU ARE PROPOSING



SCHOOL USE ONLY

APPLICATION
CONFIRMED

APPLICATION
LETTER

EMAIL

NOTES:

Family Details

MOTHER or PRIMARY CAREGIVER

Mr Dr Mrs Ms Miss Mx (please circle)

STATE RELATIONSHIP

SURNAME

GIVEN NAMES

HOME ADDRESS

POSTCODE

OCCUPATION

WORKPLACE

PHONE (HM)
AREA CODE

PHONE (WK)
AREA CODE

MOBILE

EMAIL
Please print clearly

SECONDARY CAREGIVER (If applicable)

Mr Dr Mrs Ms Miss Mx (please circle)

STATE RELATIONSHIP

SURNAME

GIVEN NAMES

HOME ADDRESS

POSTCODE

OCCUPATION

WORKPLACE

PHONE (HM)
AREA CODE

PHONE (WK)
AREA CODE

MOBILE

EMAIL
Please print clearly

FATHER or PRIMARY CAREGIVER

Mr Dr Mrs Ms Miss Mx (please circle)

STATE RELATIONSHIP

SURNAME

GIVEN NAMES

HOME ADDRESS

POSTCODE

OCCUPATION

WORKPLACE

PHONE (HM)
AREA CODE

PHONE (WK)
AREA CODE

MOBILE

EMAIL
Please print clearly

SECONDARY CAREGIVER (If applicable)

Mr Dr Mrs Ms Miss Mx (please circle)

STATE RELATIONSHIP

SURNAME

GIVEN NAMES

HOME ADDRESS

POSTCODE

OCCUPATION

WORKPLACE

PHONE (HM)
AREA CODE

PHONE (WK)
AREA CODE

MOBILE

EMAIL
Please print clearly

Communication (Communication is sent electronically via email)

Where father and mother have different addresses please indicate the primary parent or guardian responsible for daily care. *(Please provide parenting order if applicable)*

Father Mother Other Caregiver

Parents whose addresses are different: *Do you require a separate report?* Yes No

Ethnicities

To which ethnic groups does your son belong?

1. 2. 3.

First Language Iwi Affiliation

Date of entry to New Zealand Country of Birth Citizenship

NZ Residency Status (Please indicate the category which applies to this applicant)

New Zealand/Australian Birth Certificate New Zealand Student Visa ——— Expiry Date

International Fee Payer Parent/s Work Visa ——— Expiry Date

Family Association with a Boarding School (ie Family of Applicant)

NAME	BOARDING HOUSE	YEARS	RELATIONSHIP <small>ie Parent, Sibling, Aunty, Uncle.</small>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Boarder Details

Name of nearest Secondary School from home Distance from home

Is a school bus available to nearest Secondary School YES NO If yes, how far is it from your home to catch the bus?

What time would your son leave home to catch the bus? What time would he arrive home?

Is transport to and from Hamilton available on a daily basis?

Are bus changes needed en route? YES NO If yes, how many?

ARE YOU APPLYING FOR:

Boarding Allowance

You must live more than 4.8km from the school bus stop or your son would need to leave home before 7:30am and set down at 5:00pm

YES NO

Secondary School Bursary

Year 12 or 13

YES NO

Maiphi Pounamu Scholarship

Administered by the Māori Education Foundation

YES NO

Learning Support

Please tick any intervention or formal diagnosis your son has received.

<input type="checkbox"/> Attention-Deficit / Hyperactivity Disorder (ADD/ADHD)	<input type="checkbox"/> Child Development Centre Referral (CDC)	<input type="checkbox"/> Resource Teacher Learning & Behaviour Referral (RTLB)
<input type="checkbox"/> Autism Spectrum Disorder (ASD)	<input type="checkbox"/> Educational Psychologist	<input type="checkbox"/> Specific Learning Disorder
<input type="checkbox"/> Dyslexia	<input type="checkbox"/> Child / Adolescent Mental Health Services	<input type="checkbox"/> Other _____

Background and Expectations

1. Why do you want to come to Hamilton Boys' High School and Argyle House? *(Student to complete in own handwriting)*

2. What are your academic strengths, and in which areas do you need support to improve?

3. Outline your involvement in sports, music, arts, hobbies and other interests.
(Please specify sports teams, music groups or other activities)

Application Checklist

Please tick all necessary boxes to show you have supplied the necessary documentation. All documentation must be supplied. The application will not be processed until it is all complete. Please supply copies unless you do not need the original.

All Applications

Documentation required *(copies only please)*

- | | |
|---|--|
| <input type="checkbox"/> NZ/Australian Birth Certificate | <input type="checkbox"/> Most recent school report |
| <input type="checkbox"/> Relevant NZ Residency Status Documentation | <input type="checkbox"/> Relevant references or achievements |
| <input type="checkbox"/> Immunisation Records | <input type="checkbox"/> Passport size photo
(attached to front of application) |
| <input type="checkbox"/> Confidential Health Form | |

Conditions of Enrolment

- I/We acknowledge that by signing this application to enrol at Hamilton Boys' High School I/we agree that my/our son is required to wear the school uniform as prescribed and abide by all boarding house rules and regulations.
- I/We acknowledge that by signing this application to enrol at Hamilton Boys' High School I/we agree that our son is required to abide by all school rules and regulations.
- I/We agree to my/our child taking part in local EOTC events. I/We acknowledge the need for him to behave responsibly. I/We understand that there are risks associated with involvement in the school's EOTC events and that these risks cannot be completely eliminated.
- I/We understand HBHS will identify any foreseeable risks or hazards and implement correct management procedures to eliminate or minimise those risks. *Please note: Parents will be required to fill out a separate and more specific consent form for excursions that involve further travel and higher level of risk.*
- I/We understand that HBHS does not accept responsibility for loss or damage to personal property (either my/our child's property or damage to other's property caused by my/our child) and that it is my/our responsibility to check my/our own insurance policy.
- Permission is granted to utilise any photos taken of the student in school publications and school social media.

PARENT OR CAREGIVER:

SIGNATURE

DATE

D	D	M	M	Y	Y	Y	Y
---	---	---	---	---	---	---	---

PARENT OR CAREGIVER:

SIGNATURE

DATE

D	D	M	M	Y	Y	Y	Y
---	---	---	---	---	---	---	---

STUDENT:

SIGNATURE

DATE

D	D	M	M	Y	Y	Y	Y
---	---	---	---	---	---	---	---

Argyle/HBHS Confidential Health Form

If your son has asthma, allergic reactions, anaphylaxis or diabetes, please attach a copy of his action/care plan if applicable. Please also provide any additional details or comments here:

Is your son taking any regular (i.e daily) medications? Yes No

If yes, please provide details: _____

Does your son suffer from any of the following Mental Health Conditions or Disorders? (Please tick all that are relevant)

- | | |
|--|--|
| <input type="checkbox"/> Anxiety Disorder | <input type="checkbox"/> Eating Disorders |
| <input type="checkbox"/> Attention-deficit/hyperactivity Disorder (ADD/ADHD) | <input type="checkbox"/> Obsessive-Compulsive Disorder (OCD) |
| <input type="checkbox"/> Autism Spectrum Disorder (ASD) | <input type="checkbox"/> Panic Attacks |
| <input type="checkbox"/> Bipolar Disorder | <input type="checkbox"/> Post Traumatic Stress Disorder (PTSD) |
| <input type="checkbox"/> Depression | |

Other _____

Please name any specialist(s) attending to your son _____

FAMILY HISTORY

Is there any family history of chronic medical conditions such as heart disease, asthma, tuberculosis, epilepsy?

Yes No (If yes please specify)

SPECIALIST MEDICAL CARE

- | | | |
|---|---------------------------------------|---|
| <input type="checkbox"/> Cardiology | <input type="checkbox"/> Dermatology | <input type="checkbox"/> Ear, Nose and Throat (ENT) |
| <input type="checkbox"/> Gastroenterology | <input type="checkbox"/> Haematology | <input type="checkbox"/> Immunology |
| <input type="checkbox"/> Mental Health Services | <input type="checkbox"/> Neurology | <input type="checkbox"/> Occupational Therapy |
| <input type="checkbox"/> Oncology | <input type="checkbox"/> Orthopaedics | <input type="checkbox"/> Rehabilitation Services |
| <input type="checkbox"/> Other (please state) _____ | | |

Please give details of any specialist(s) attending your son and provide their name(s) and address(es):

Argyle/HBHS Confidential Health Form

Please provide any further information you believe may be helpful when assessing or treating the wellbeing of your son.

Please notify the school in writing of any changes to your son's health information. All health information is protected by the Privacy Act 1993. Should you have any concerns regarding the health of your child and wish to speak to the School Nurse, please contact the school.

I/We give permission for my/our son to be:

Please tick Yes or No

Treated by the Doctor, School Nurse or First Aider in the parents' absence.

Yes No

Given routine shelf medication as required by the Argyle Staff Member School Nurse or authorised Personnel (e.g. Paracetamol, Ibuprofen, Antihistamine cream or tablets, Arnica).

Yes No

Taken to the Medical Centre or Accident and Emergency if an emergency arises.
Costs incurred to be met by parents.

Yes No

Administered prescription drugs by an Argyle House Staff Member that have been obtained from the chemist or as prescribed by a doctor.

Yes No

Permission for my son to be attended by a doctor or taken to a hospital if the supervising staff of Argyle House or School Nurse consider it necessary. I hereby authorise the supervising staff in charge to permit my child to be given general anaesthetic and to be operated on in the case of a medical emergency if such treatment is considered necessary by a qualified medical practitioner. This permission is given provided that every effort will be made to contact me personally before any decision is made to operate. NB Such a decision will be made by staff only where there is a medical emergency and where every possible effort to contact me has failed.

Yes No

For school events held off-site you must complete the following:

Please tick Yes or No

I/We agree that if my/our son is currently taking medicines, these will be labeled, fastened and given to a designated adult who will oversee and record administration of correct medicine.

Yes No

I/We agree to my/our son receiving emergency medical treatment if required. Costs incurred to be met by parents. Please note, the school will always attempt to contact parents before taking this action.

Yes No

I/We confirm that the information given in this form is true, complete and accurate to the best of my knowledge.

Yes

Parent / Caregiver Name

Parent / Caregiver Signature

Date

Athlete Development Application (Optional)

Year 9 Athlete Development Programme (Optional)

If my/our son is accepted into Hamilton Boys' High School, I/we would like to apply for him to be part of the Year 9 Athlete Development Programme in 20____. If you would like to apply for more than one sport, please enter this in Chosen Sport (2).

Name: _____	Chosen Sport (1): _____
School: _____	Position/Role: _____
Height: _____	Chosen Sport (2): _____
Weight: _____	Position/Role: _____
Parents Email: _____	Other Sports: _____

List the current team/teams you play for in your **Chosen Sport(s)**:

School/Club: 1. _____	Representative: 1. _____
2. _____	2. _____
3. _____	3. _____

List your other sporting achievements:

Personal Statement:

Why would you like to be a part of the Hamilton Boys' High School Athlete Development Programme? Include in your statement your goals and aspirations, and the special skills and qualities you could bring to the Athlete Development Programme.

Athlete Development Programme Code of Conduct

I agree to abide by the code of conduct outlined in the Athlete Development Programme. I understand that this includes demonstrating respect, integrity, and commitment in both academic and athletic settings. By committing to these standards, I aim to win in the classroom through strong academic performance and win in the sports arena through discipline, teamwork, and sportsmanship.

Signed: _____ (Applicant)

Parental Permission

I/We give permission for my/our son to be part of the Hamilton Boys' High School Athlete Development Programme (if accepted).

I/We accept that his position in this programme is based on his ability, potential, attitude and general citizenship within the School and that he must maintain high standards in these areas as well as represent the school within this code in the team he is selected for, to remain within the programme.

Signed: _____ (Parent/Caregiver)

Applicants will be notified of a trial day to be held in November. Successful applicants will be notified before the end of the school year.