

HAMILTON BOYS' HIGH SCHOOL

Enrolment Application Form



HAMILTON BOYS'
HIGH SCHOOL
Te Kura Tamatāne o Kirikiriroa

Please DO NOT submit your son's application until all documentation can be provided.
Incomplete applications will be returned to you.

Your Son's Details

FIRST NAME

MIDDLE NAME(S)

SURNAME

PHYSICAL ADDRESS

POSTAL ADDRESS (If different from above)

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 Other (please circle)

RELATIONSHIP TO STUDENT

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 Other (please circle)

RELATIONSHIP TO STUDENT

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 Other (please circle)

RELATIONSHIP TO STUDENT

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 Other (please circle)

RELATIONSHIP TO STUDENT

SURNAME

GIVEN NAMES

HOME ADDRESS

POSTCODE

OCCUPATION

WORKPLACE

PHONE (HM)
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PHONE (WK)
AREA CODE

MOBILE

EMAIL
Please print clearly

Emergency Contact (An alternative contact, **NOT** the caregivers listed on the previous page)

Name

Relationship to Student Mobile

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: Waikato-Tainui Other (Please state)

Date of entry to New Zealand Country of Birth Citizenship

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

New Zealand Citizen Copy of birth certificate (and if not born in NZ, current passport/citizenship documentation) must be supplied. New Zealand Student Visa Copy of birth certificate and student's current visa must be supplied. Refugee NZ Resident Visa and NZ Immigration Family Status Document must be supplied.

NZ Permanent / Resident Visa Copy of birth certificate and student's current visa must be supplied. Parent/s Work Visa Copy of birth certificate and student's current visa and parent/s work visa must be supplied.

Enrolment Category (Please indicate the category which applies to this application)

In Zone Living within the Home Zone Priority 4 Son of previous student
 Priority 2 Brother of current student Priority 5 Son of an employee or board member
 Priority 3 Brother of previous student Priority 6 Living outside the Home Zone

When returning this form, the Application Checklist on the back page needs to be completed, accompanied by all supporting documentation. *An application without the required documentation will not be processed and may miss the due dates.*

Family Member who has Attended HBHS (Father or Brother of Applicant)

GIVEN NAMES YEARS AT HBHS RELATIONSHIP HOUSE (if known)

Learning Support

Please tick any intervention or formal diagnosis your son has received. This information helps us organise the best possible support.

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

Has your son received any reports from specialist services e.g. SPELD? No Yes If yes, is a copy attached? Yes No

Does your son require ESOL (English as a Second Language) Support? No Yes

Please describe any educational concerns you have about your son:

HBHS Confidential Health Form

Name: _____

Doctor: _____ Dentist: _____

Medical Conditions: (please tick all conditions that your son currently suffers from or has previously suffered from)

- | | | |
|--------------------------------------------|-------------------------------------------|---------------------------------------------|
| <input type="checkbox"/> Allergic Reaction | <input type="checkbox"/> Eyesight Problem | <input type="checkbox"/> Insect Bite |
| <input type="checkbox"/> Anaphylaxis | <input type="checkbox"/> Fainting | <input type="checkbox"/> Kidney Problem |
| <input type="checkbox"/> Asthma | <input type="checkbox"/> Food Intolerance | <input type="checkbox"/> Medicine Allergies |
| <input type="checkbox"/> Bleeding Disorder | <input type="checkbox"/> Hay Fever | <input type="checkbox"/> Migraines |
| <input type="checkbox"/> Cancer | <input type="checkbox"/> Hearing Problem | <input type="checkbox"/> Sleep Walking |
| <input type="checkbox"/> Diabetes | <input type="checkbox"/> Heart Condition | <input type="checkbox"/> Sting Allergies |
| <input type="checkbox"/> Eating Disorder | <input type="checkbox"/> Hepatitis | <input type="checkbox"/> Travel Sickness |
| <input type="checkbox"/> Epilepsy | <input type="checkbox"/> HIV | Other _____ |

If you have ticked any of the above, please provide further details:

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 _____

Year 9 Athlete Development Application (*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.

Statutory Declaration for In-Zone Applicants



**HAMILTON BOYS'
HIGH SCHOOL**
Te Kura Tamaitāne o Kirikiriroa

I _____
(enter full name)

_____ (enter full address and occupation)

solemnly and sincerely declare that:

1. I am the parent/legal guardian of _____ (name of the student)
2. All information provided to date, and any further information to be provided in the application of the student, is true and correct in every aspect.
3. Any change to the information provided in the application of the student, prior to the student being first marked as present on the School Roll, will be notified to the school in writing.
4. I confirm that the student is currently living within the home zone of Hamilton Boys' High School, at the above address, and that this address provided to the school will be the usual place of residence when the school is open for instruction, unless I notify the school otherwise in writing.
5. I confirm that my immediate family are the sole occupants of the property.
6. I understand that enrolment is dependent on all the information provided in the application of the student being true and correct.
7. I understand that students accepted under the in-zone criteria are expected to remain resident in-zone for 12 months from their first day of attendance at Hamilton Boys' High School. Any change of address must be advised to the school. If any change involves a move from in-zone to out-of-zone, I will undertake that prior to the move being undertaken, I will notify the Board. Where the Board believes there are reasonable grounds, enrolment will be reviewed. Each situation will be considered on its own merit.
8. A temporary residence within the school's home zone has not and will not be used for the purpose of gaining or maintaining enrolment at the school.
9. An address belonging to a family member or friend, property owned/rented but not lived in, or business address, will not be used to gain or maintain enrolment at the school.
10. Boarding/flat sharing agreements will not be considered.

I make this solemn declaration conscientiously believing the same to be true and by virtue of the Oaths and Declarations Act 1957.

Note: Do not complete the following section until you are with the person witnessing your declaration.

Signed _____

Declared at Hamilton this _____ day of _____ in the year _____

Before me _____ Signature of official witness _____
(name of official witness) (for example, a Solicitor or Justice of the Peace)

NOTE: To make a false declaration is a criminal offence.

AUTHORISED STAMP