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.
*PLEASE NOTE THAT A CONFIRMATION OF ACKNOWLEDGEMENT EMAIL IS SENT ON RECEIPT OF **ALL** APPLICATIONS*

Your Son's Details

FIRST NAME | MIDDLE NAME(S) | SURNAME

PHYSICAL ADDRESS

POSTCODE

POSTAL ADDRESS *(If different from above)*

POSTCODE

DATE OF BIRTH D D M M Y Y Y Y

CURRENT SCHOOL

PARENT / CAREGIVER CONTACT FOR THIS APPLICATION

PARENT / CAREGIVER CONTACT PHONE NUMBER

LEVEL OF ENTRY *(Please circle)* 9 10 11 12 13

YEAR OF ENTRY 2 0 Y Y

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



SCHOOL USE ONLY APPLICATION CONFIRMED ☐ APPLICATION LETTER ☐ EMAIL ☐ NOTES:

Hamilton Boys' High School, Private Bag 3201, Waikato Mail Centre, Hamilton 3240
Ph. +64 7 853 0440 | enrolments@hbhs.school.nz | www.hbhs.school.nz

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

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) 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

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 2 — Brother of current student
☐ Priority 3 — Brother of previous student
☐ Priority 4 — Son of previous student
☐ Priority 5 — Son of an employee or board member
☐ 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)
☐ Autism Spectrum Disorder (ASD)
☐ Dyslexia
☐ Child Development Centre Referral (CDC)
☐ Educational Psychologist
☐ Child / Adolescent Mental Health Services
☐ Resource Teacher Learning & Behaviour Referral (RTLB)
☐ Specific Learning Disorder
☐ 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:

Background and Expectations

1. Why do you want to come to Hamilton Boys' High School?

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)*

- ☐ Birth Certificate
- ☐ Relevant NZ Residency Status Documentation
- ☐ Most recent school report *(If enrolling for next year, you must include the mid-year report)*
- ☐ Copy of Immunisation Records

In Zone

- ☐ Rental Agreement, Rates Bill or Sale & Purchase Agreement
- ☐ Bond Lodgement Confirmation Email from Tenancy Services (if renting)
- ☐ 1 Current Electricity Bill
- ☐ 1 Current Internet/Broadband Bill
- ☐ In Zone Statutory Declaration

Son of Previous Student

- ☐ Proof of father's attendance at HBHS

Current or Previous Brother

- ☐ Copy of brother's Birth Certificate

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 school rules, regulations, and attendance policies.
- ☐ 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

Signed by: ☐ FATHER ☐ MOTHER ☐ CAREGIVER/OTHER: *(Please state relationship)* _____

STUDENT: SIGNATURE DATE D D M M Y Y Y Y

HBHS Confidential Health Form

Name: _____

Doctor: _____ Dentist: _____

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

- ☐ Allergic Reaction
- ☐ Anaphylaxis
- ☐ Asthma
- ☐ Bleeding Disorder
- ☐ Cancer
- ☐ Diabetes
- ☐ Eating Disorder
- ☐ Epilepsy
- ☐ Eyesight Problem
- ☐ Fainting
- ☐ Food Intolerance
- ☐ Hay Fever
- ☐ Hearing Problem
- ☐ Heart Condition
- ☐ Hepatitis
- ☐ HIV
- ☐ Insect Bite
- ☐ Kidney Problem
- ☐ Medicine Allergies
- ☐ Migraines
- ☐ Sleep Walking
- ☐ Sting Allergies
- ☐ Travel Sickness

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)

- ☐ Anxiety Disorder
- ☐ Attention-deficit/hyperactivity Disorder (ADD/ADHD)
- ☐ Autism Spectrum Disorder (ASD)
- ☐ Bipolar Disorder
- ☐ Depression
- ☐ Eating Disorders
- ☐ Obsessive-Compulsive Disorder (OCD)
- ☐ Panic Attacks
- ☐ Post Traumatic Stress Disorder (PTSD)

Other _____

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

HBHS Confidential Health Form

My/Our son has received immunisation vaccinations ☐ Yes ☐ No

☐ I/We have chosen not to vaccinate my/our son **or** ☐ I/We have provided a copy of my/our son's vaccination records to the school

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 School Nurse or authorised Personnel (e.g. Paracetamol, Ibuprofen, Antihistamine cream or tablets, Arnica, Throat Lozenges).	☐ Yes	☐ No
Taken to the Medical Centre or Accident and Emergency if an emergency arises. Costs incurred to be met by parents.	☐ 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

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 Tamatāne 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 _____
(name of official witness)

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

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

AUTHORISED STAMP