

## OUT-OF-ZONE YEAR 9 ENROLMENT 2019

The following priorities for Out-of-Zone enrolment apply as directed by the Ministry of Education guidelines. Please indicate which priority you are applying under (tick only one).

○ **SE** Student accepted for enrolment in a special programme

 $\bigcirc$  **SC** Sibling of student currently enrolled at Avondale College

○ **SP** Sibling of former student of Avondale College

O <b>CP</b> Child of former student of	of Avondale C	ollege
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O **BE** Child of employees of the Avondale College BOT

OZ All other applicants.

Return this completed form, together with photocopied documents NO LATER THAN 4:00pm Wednesday 29 Aug 2018

SP Sibling of former student	or Avondale College O2	2 All other applicants.					
1. STUDENT DETAILS							
Last Name		NSN number					
Official First Name		Gender (circle one) Male / Female					
Official Middle Name(s)		Country of Citizenship					
Preferred Name		Country of Birth					
Date of Birth		Ethnic Group (If NZ Maori you must request and fill in the lwi Declaration Form)					
NB: If you are living with a Caregi the Supplementary Enrolment Ap	ver you must also request and fill in oplication Form.						
Street Address		First Language					
Suburb		Permanent Residence in New Zealand Yes / No					
City	Postcode	Date of Arrival in New Zealand					
Home Telephone		Refugee Status Yes / No Quota / Other					
Current School							
Brother/Sister previously a	t Avondale College						
2. FATHER/GUARDIAN	N DETAILS						
First Name		Occupation					
Last Name		Home Telephone					
Street Address		Mobile Telephone					
Suburb		Email Address					
City	Postcode	Business Telephone					
3. MOTHER/GUARDIA	N DETAILS						
First Name		Occupation					
Last Name		Home Telephone					
Title (circle one) Mrs / Miss / Ms		Mobile Telephone					
Street Address		Email Address					
Suburb		Business Telephone					
City	Postcode						
4. EMERGENCY DETAI	<b>LS</b> (Alternative contact if parents	can't be reached)					
First Name		Home Telephone					
Last Name		Mobile Telephone					
Relationship to Student		Business Telephone					

5. COMMUNICATIO	NS										
Correspondence and re	eports to be posted to	o: (choose one):	O Both pa	arents	0	Mother	0	Father	0	Caregiver	
Email address for accor	unts/statements (Plea	se list one only)									
Mobile number for SM	S texts should there b	e an unexplained abse	nce or Co	llege emer	gen	су:					
6. COURSES											
All students study Eng	lish. Mathematics, Scie	ence, Social Science, Ph	nvsical Edi	ucation and	d He	ealth. They a	also st	tudy one	langı	Jage option	
two arts options and t timetable restraints.									_		
7. OPTIONAL SUBJ	ECTS										
LANGUAGE		ARTS				TECHNOLOGY					
Choose <b>two</b> in order of	of preference from:	Choose <b>three</b> in orde	er of prefe	rence from	: (	Choose <b>thre</b>	e in c	order of p	refere	ence from:	
French	Maori	Art	Music			Food Techno	ology				
Japanese	Samoan	Drama	Dance			Innovation F	_				
Latin	Spanish					Product Dev		ment			
						Soft Materia	ls				
1.		1.				1.					
2.		2.				2.					
		3.				3.					
8. SPECIALIST LEA	RNING										
Has your child ever be	en nart of a specialist	learning programme?	Gift	ted/Talente	м (	O RTLB		ESOL	$\cap$	Other O	
Details			dire	led/ falerite	·u	J KILD	O	LJOL	O	Other O	
9. DECLARATIONS	AND SIGNATURES										
1. Has the student eve	er been stood down/su	spended/excluded or	expelled f	from anoth	er s	chool?		Yes	$\circ$	No O	
2. If the answer is yes,	please provide furthe	r information:									
, ,											
3. I agree to all details	listed, in sections 1-3,	being given to the Nev	w Zealand	l Qualificat	ions	Authority fo	or exa	amination	n purr	ooses.	
4. I wish to make an ap	onlication for my child	to enrol at Avondale C	`ollege Li	ınderstand	the	conditions	in the	Prospec	tus ai	nd agree to	
abide by them. In par			.onege. i d	macistana	tiic	Conditions	iii ciic	e i Tospec	tus ui	ia agree to	
•											
	uniform will be worn fo	uny and correctly ne College will be uphe	٦ld								
		fees and co-curricula f		e paid							
	I play his/her sport for			•							
8. I consent to this info	ormation being made	available as necessary	for related	d education	n pu	irposes in te	rms c	of the Priv	асу А	ct 1993.	
9. The family and stud	ent confirm that all of	the information provid	ded in this	applicatio	n is	true and co	rrect				
10. The family and stud	dent confirm they hav	e been advised that an	ıy false or	misleading	g inf	ormation th	at is p	provided	may r	result in an	
offer of enrolment beir	ng withdrawn, or enro	lment terminated, or t	he matter	r being refe	erre	d to the Boa	rd of	Trustees.			
M .I . (C . I: C:			E .1 . /								
Mother / Guardian Sigi	nature		Father /	Guardian	ign	ature					
Student's Signature			Date								
10. COMPLETING T	HE ENROLMENT FO	ORM									
These attachments mu	st be supplied with th	e enrolment form. We	prefer to s	sight origin	al d	ocuments w	hen t	this applic	catior	n is lodged	
with Avondale College	's receptionist. <b>If mai</b>	ling this application, p	please en	sure	Γ	OFFICE USE					
all documents are CEI	RTIFIED PHOTOCOPIE	S as we are unable to	return a	ny items.		Enrolment Office	cer:				
<ul> <li>Latest school report</li> </ul>						Expiry Date of V	Vork Vi	sa/Permit:			
O Proof of in-zone addr	ess (a power bill)					Expiry Date of S	Student	t Visa/Permit	:		
<ul> <li>Birth Certificate</li> <li>Passport page showing student's name, date and place of birth (if not born in New Zealand)</li> </ul>					Date of Arrival in New Zealand:						
Evidence of Permanent Residency or Citizenship (if not born in New Zealand)				Entry Date to Avondale College:							
O Student Visa (if applicable)				Signature of En	rolmen	t Officer:					
Evidence of refugee status (if applicable)				Date:							