



Bream Bay College

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 Principal: W.R. Buckland

Office Use Only	Class	Bus Route	House S A R I	Whanau	ENROL	Year
Today's date: / /		Entry Date:			Gender: Male/Female	
Legal Surname:		First Names:			Preferred Name:	
Date of Birth:		Previous School Attended:				
<p>Copy of latest School Report <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Copy of Birth Certificate or Passport <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Students born outside of New Zealand: Do you have permanent residence status in New Zealand? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>You will need to produce your passport to verify this. A photocopy to be retained by the College showing your student visa status has been supplied. Please note missing documentation (from the above list) could cause a delay in the enrolment process.</p> <hr/> <p>BILINGUAL EDUCATION (Te Reo Maori) at year 7/8: Do you wish to be considered for this? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <hr/> <p>PRIMARY CAREGIVERS / MAIN RESIDENCE (where student lives for the majority of the time) Please complete below:</p> <p>Students residential address: _____</p> <p>Postal address if different from above: _____</p>						
<p>FATHER / STEPFATHER / GUARDIAN</p> <p>Full Name: _____</p> <p>Relationship to Student: _____</p> <p>Home Phone: _____</p> <p>Cell Phone: _____</p> <p>Email Address: _____</p> <p>Occupation: _____</p> <p>Employer: _____</p> <p>Work Phone: _____</p>				<p>MOTHER / STEPMOTHER / GUARDIAN</p> <p>Full Name: _____</p> <p>Relationship to Student: _____</p> <p>Home Phone: _____</p> <p>Cell Phone: _____</p> <p>Email Address: _____</p> <p>Occupation: _____</p> <p>Employer: _____</p> <p>Work Phone: _____</p>		
Copy of Evidence of Guardianship					<input type="checkbox"/> Yes <input type="checkbox"/> No	

SECONDARY CAREGIVERS/SECONDARY RESIDENCE (If applicable)

FATHER / STEPFATHER / GUARDIAN

Full Name: _____

Relationship to Student: _____

Home Phone: _____

Cell Phone: _____

Email Address: _____

Occupation: _____

Employer: _____

Work Phone: _____

Home Address: _____

SECONDARY CAREGIVERS/SECONDARY RESIDENCE (If applicable)

MOTHER / STEPMOTHER / GUARDIAN

Full Name: _____

Relationship to Student: _____

Home Phone: _____

Cell Phone: _____

Email Address: _____

Occupation: _____

Employer: _____

Work Phone: _____

Home Address: _____

Emergency Contact 1 – Please provide details of contact OTHER than the student’s Parent/Guardian

Name:

Phone:

Relationship to Student:

This contact will be used in the case of sickness if a parent/caregiver cannot be contacted

Emergency Contact 2 – Please provide details of contact OTHER than the student’s Parent/Guardian

Name:

Phone:

Relationship to Student:

This contact will be used in the case of sickness if a parent/caregiver cannot be contacted

MEDICAL INFORMATION

Doctor’s Name:

Dentist’s Name:

Is your child allowed to take Panadol Yes No

Does your child have any allergies Yes No

Does your child suffer from Asthma Yes No

Carries an inhaler Yes No

Any medical conditions, health matters or disability

which the school should be aware of Yes No
(Please provide details below)

.....

ETHNIC / WHANAU INFORMATION

Names of brothers, sisters or relatives at BBC:-

..... Whanau

..... Whanau

..... Whanau

..... Whanau

Ethnic group(s) Please tick:

NZ Maori (NZM) **Specify Iwi:**

NZ European/Pakeha (EUR)

Pacific Islander: Specify:

Asian: Specify

Other:

Language Spoken at home
(other than English)

SPECIAL LEARNING NEEDS INFORMATION

Has this student had access to special funding:

ORRS Yes No

SEG Yes No

Reader writer assistance Yes No

Other:

Is remedial help required in the following areas?

Mathematics Yes No Reading Yes No

Writing Yes No Hearing issues Yes No

Vision issues Yes No

Numeracy Level: Literacy Level:

Please state any special learning or physical needs:

.....

SENSITIVE INFORMATION

Relating to health, legal access, special family circumstances, of which the school should be aware or if copies of reports are required by a parent not living with the student – please indicate here. In case of any legal access issues – Please supply relevant documentation.

- Health:
-
- Legal access:
-
- Special family circumstances:
-
- Other (specify):

Has the enrollee ever been stood down, suspended or excluded from any school:

Yes No **If yes please state why:**

PROFILE:

What strengths, abilities, and interests does your child have that you would like us to know about?

.....
.....

My child's personality/disposition (put a tick at the point on each line that best describes your child):

Relaxed	Stressed	Willing	Disobedient
Cheerful	Unhappy	Attentive	Restless
Confident	Anxious	Calm	Easily angered
Responsible	Blames others	Makes friends	Shy

Areas of learning and behaviour my child is very successful at:

.....
.....

Areas of learning and behaviour my child will need extra support with:

.....
.....

What values are especially important to your family:

.....



THE BREAM BAY COLLEGE PARTNERSHIP

STUDENT AGREEMENT

All students who enrol at Bream Bay College agree to meet the following minimum competencies at all times:

1. Managing Self – Brings books, brings gear and arrives to class on time
2. Relating to Others – Speaks respectfully with peers and speaks respectfully with teachers
3. Participating and Contributing – Tries to do the work, asks for help if stuck and follows teacher directions

The College takes a “zero tolerance” stance to anyone who does not meet these minimum competencies. They will be provided with help to achieve the standard but refusal to meet these standards will result in removal from class and ultimately removal from the College.

I understand the requirements of the minimum competencies above and I commit to meet this at all times

Yes No

Student: Date: Mobile Number:

FAMILY AGREEMENT

- As Parent(s)/Caregiver(s)/Guardian(s) of the student named above I/we agree to ensure that our son/daughter meets the minimum competency standards along with other rules of Bream Bay College
- I/we give permission for Bream Bay College to request information from previous school(s) regarding my/our daughter/son. (In accordance with the Privacy Act 1993)
- In the event of sickness and accident emergencies whereby staff are unable to contact parents I authorise the College to obtain on my behalf any medical assistance if in the opinion of staff such treatment is necessary and agree to meet the costs incurred.
- I/we confirm that the address which I/we have provided in this application to enrol will be the usual place of residence for the enrolled student when the school is open for instruction. I will advise the school of any subsequent change.
- I/We give permission for the College to use photos of my/our child in the College newsletter, on the College website and for publicity purposes. *(Please advise the School if you have any concerns about publication of your child's photos).*

PRIVACY ACT 1993

The personal information you have supplied on this enrolment form is being collected to assist us in understanding and educating your child. We may pass this information on to other educational professionals but only for these same purposes. Under the Privacy Act 1993, you have the right to access any personal information we hold on your child. Should we wish to release details held for other than the purposes stated, we will consult you under the provisions of the Act.

DECLARATION: I /we confirm that the information in this application is true and correct in every way:

Mother/Caregiver/Guardian: Father/Caregiver/Guardian:

Date:

School Use:

BBC Enrolment Officer / Principal..... Date: