



STUDENT INFORMATION:

Surname:		Date of Birth:	
First Names:		Male/Female:	
Preferred Name:		Year Level 2017:	9 10 11 12 13
Address:		Postal Address (if different):	
Student Mobile:		Postcode:	
Previous School:		Rapid Fire No:	
Please list any Special Needs		Medical or Health conditions (including mental health & allergies)	
Doctor's Details:		Please circle: Home Zone / Out of Zone	
Doctor's Phone:		(See Enrolment Scheme brochure)	

ETHNIC BACKGROUND:

NZ European		Were you born in New Zealand?	Yes / No
NZ Māori <small>(See attached)</small>	Iwi:	If Yes, go to next section. If No, please answer:	
Pasifika	Please state:	Are you a permanent resident?	Yes / No
Asian	Please state:	What year did you arrive in NZ?	
Other	Please state:	Language spoken at home:	

FAMILY INFORMATION:

Parent/Guardian 1 (who student lives with)		Parent/Guardian 2	
Surname:		Surname:	
First Name:		First Name:	
Home Phone:		Home Phone:	
Cell Phone:		Cell Phone:	
Email:		Email:	
Relationship:		Relationship:	
Address:		Address (if different to Guardian 1):	
Occupation:		Occupation:	
Work Phone:		Work Phone:	

EMERGENCY CONTACT:

Name:	
Relationship to student:	
Contact Phone:	

SIBLINGS AT FREYBERG:

Name:	Year:	Whanau:
Name:	Year:	Whanau:



ACADEMIES:

If you would like to apply to be in one of our academies, please read the appropriate brochure and complete the academy application form.

- Dance Academy
- Drama Academy
- Gifted & Talented Academy
- Māori Arts Academy
- Music Academy
- Sports Academy
- Languages Academy



AUTHORISATION:

I/we accept the school's rules in relation to conduct and uniform
In the case of an accident requiring medical treatment, I/we give permission for a staff member to transport our son/daughter to the public hospital or city doctors if necessary
I/we give permission for our son/daughter to be transported in a vehicle driven by a staff member for purposes such as field trips where necessary
I/we give Freyberg High School permission to use information on this form for educational/organisational purposes
I/we give Freyberg High School permission to share information relating to our son/daughter with other agencies and schools as needed
I/we give Freyberg High School authority to obtain information relating to our son/daughter from contributing previous schools
I/we accept the school's rules in relation to the use of the Internet
I/we give permission for our son/daughter's work to be displayed on the school website
I/we give permission for images of our son/daughter to be displayed on the school website or for school promotion
I/we accept that if our son/daughter is not attending school, we will contact the Student Centre before 8:45am and that if we do not, a text message may be sent to me asking me to call the school
I/we accept that, as a digital school, Freyberg encourages students to bring their laptop, netbook, iPad or smartphone to school to assist with their education but takes no responsibility for the loss, damage or malfunction of these items

Signed (Guardian):	
Signed (Student):	

IMPORTANT:

Please enclose a copy of your child's Birth Certificate or passport with this application.

Office Use Only	
Date Received:	
Birth Certificate:	
Type:	