



AUTHORISATION

YES

NO

I/We accept the regulations laid down by the Principal/Queen Elizabeth College Board of Trustees in relation to conduct and uniform.

☐☐

I/We accept the school's policy concerning alcohol and drugs, surveillance cameras, as well as police involvement.

☐☐

In the case of an accident requiring hospital treatment, I/we give permission for a staff member to transport my/our son/daughter to the Public Hospital or a Medical Centre if necessary, or for an ambulance to be called.

☐☐

I/We give permission for the school to obtain relevant educational information on my/our son/daughter from the previous school.

☐☐

I/We give the school permission to use this recorded information on my/our son/daughter for educational purposes as long as my/our son/ daughter is not identified, if the information is published.

☐☐

I/We give permission for my/our son/daughter's work to be published in school publications.

☐☐

I/We give permission for photographs of my/our son/daughter to be used for promotional purposes.

☐☐

I/We are aware that cellphones and electronic equipment must be switched off and not used during instruction times, e.g. lessons, assemblies, detentions, sports and cultural practices.

☐☐

I/We understand that cellphones and electronic equipment will be confiscated and held in the school office.

☐☐

I/We are aware that the school will not be responsible for the safety of cellphones and electronic equipment.

☐☐

I/We give permission for school staff to transport my/our child to authorised sports practices and games during the appropriate season.

☐☐

I/We accept the school's right to discipline students for unacceptable behaviour committed while in school uniform, on their way to school or while returning home.

☐☐

Students attending or participating in any school activity outside normal school hours are bound by the school rules, e.g. trips, weekend or evening sporting or cultural fixtures and the like.

☐☐

Caregiver Signature: _____

Caregiver Signature: _____

Student Signature: _____

Date: / /

Enrolling Staff Member Signature: _____

Date: / /

Name: _____

Year: _____

Te Kāreti O Kuini Irīhapeti
Queen Elizabeth College



ENROLMENT FORM

Please complete this form and return to:

Queen Elizabeth College
PO Box 4047
Rangitikei Street
PALMERSTON NORTH 4442



FAMILY DETAILS (from the Birth Certificate)

Legal Surname: _____

Legal First Name: _____ Middle Name: _____

Date of Birth: / / Gender: M / F

Student cell phone No. _____ Student email: _____

Type of Student: *Regular / Adult / Fee Payer / Exchange*

School Year Level: _____ Start Date: / /

ETHNICITY DETAILS

Ethnicity: _____

If of Māori descent, please state iwi affiliation:

Iwi 1: _____ Iwi 2: _____ Iwi 3: _____

Language at home: _____

Eligibility criteria: *NZ Citizen / NZ Resident / Other* _____

Verification Document: ☐ Full Birth Certificate / Serial Number: _____

☐ New Zealand Passport / Serial Number: _____

☐ Other (please state below)

Please bring the original document with you OR a verified copy

GENERAL DETAILS

Connection to Queen Elizabeth College:

NONE / Parent an ex-student / Parent on Staff / Sibling at the College

Previous School: _____ Highest Year Level: _____

ACCESS DETAILS:

Any person by law who is not able to have access to your child?

*copy of custody agreement, access arrangements or other such documentation.

AUTHENTICITY DECLARATION

Dear Parents & Caregivers

A large amount of student work is being internally assessed at the secondary school level.

The school acknowledges that it is appropriate for students to learn from others at home and gather information from a variety of sources, e.g. internet, books etc. when preparing assignments. Teachers, however, must be satisfied that the work produced is that of the student, and not copied, except for direct quotes which must be acknowledged.

The school asks that parents and caregivers discuss with their children the importance of producing work which is their own. The consequences for copying work of others and passing it off as their own is serious. If this is the case, the work will be ruled ineligible for credit.

Please complete and sign the declaration below:

Name: _____ Year Level: _____

I declare that all the work I produce and submit for assessment is my own work and I will acknowledge the sources I use.

Student Signed: _____ Date: _____

Parent/Caregiver Name (*please print*): _____

Parent/Caregiver Signature: _____ Date: _____

FOR OFFICE USE ONLY:

Year Level: _____ Group: _____

☐

Documentation provided

NSN Number:

| | | | | | | | | |
|--|--|--|--|--|--|--|--|--|
| | | | | | | | | |
|--|--|--|--|--|--|--|--|--|

☐

Copy of documentation taken OR verified copy provided (delete one)

☐

All parts of enrolment form completed & signed by Student and Parent/Caregiver

☐

Entered ENROL

Starting Date: / /

☐

Entered STUDENT MANAGER

Leaving Date: / /

Year Level at leaving date



CONTRACT REGARDING THE USE OF THE INTERNET

I, _____, accept and agree to abide by the following rules. *(please print your Full name in BLOCK LETTERS)*

I agree to abide by all the rules and recommendations made under the Guidelines for Internet use at **QUEEN ELIZABETH COLLEGE**.

I realise that the purpose of the **QUEEN ELIZABETH COLLEGE** Internet connection is educational, and that as such, educational purposes shall take precedence over all others.

I realise that the use of the Internet is a privilege, not a right. I accept that inappropriate behaviour may lead to penalties including revoking of access, disciplinary action and/or legal action.

I agree not to participate in the transfer of inappropriate or illegal materials through the **QUEEN ELIZABETH COLLEGE** Internet connection. I realise that, in some cases, the transfer of such material may result in legal action against me.

I agree not to participate in the transfer of material, via the **QUEEN ELIZABETH COLLEGE** Internet connection, which may be considered obscene or inappropriate.

I release **QUEEN ELIZABETH COLLEGE** and related organisations from any liability or damages that may result from the use of the Internet. In addition, I will accept full responsibility for the results of my actions with regards to the use of the Internet at **QUEEN ELIZABETH COLLEGE**.

Signed: _____ Date: _____

Students under 19 years of age must have the signature of a parent or guardian who has read and agreed to this contract.

Parent's or Guardian's Name *(please print)*: _____

Home Phone Number: _____

Signature: _____ Date: _____

CAREGIVER / STUDENT DETAILS:

Caregiver 1 / Student:

Family Name: _____ First Name(s): _____

Relationship to Student: _____

Physical Address: _____

Postal Address (if different from above): _____

Workplace: _____ Phone: _____

Home Phone: _____ Mobile: _____

E-mail: _____

Caregiver 2:

Family Name: _____ First Name(s): _____

Relationship to Student: _____

Physical Address: _____

Postal Address (if different from above): _____

Workplace: _____ Phone: _____

Home Phone: _____ Mobile: _____

E-mail: _____

Emergency Contact 1:

Family Name: _____ First Name(s): _____

Physical Address: _____

Relationship to Student: _____ Contact No: _____ or _____

Emergency Contact 2:

Family Name: _____ First Name(s): _____

Physical Address: _____

Relationship to Student: _____ Contact No: _____ or _____



TEACHER AIDE OR RTL

Has a teacher aide or RTL worked with your child?

SPECIALIST AGENCIES

Have any agencies such as GSE, CAF CYFs been involved with your child?

MEDICAL DETAILS

DOCTOR:

Family Doctor: Medical Centre:

Address: Phone Number:

Is your child: Seeing a specialist? YES / NO
If YES why?

Is your child: On any regular medication? YES / NO
If YES, what is the medication? (please copy the name off the bottle or packet)
Name & Dose:
Name & Dose:

Does your child: Have any allergies? YES / NO
If YES please describe.

General Health Information

Is there any other information that you feel we should know?

IMMUNISATION

*If you have difficulty answering these questions, Well Child Provider, Iwi Provider or GP will be able to assist you

| Age | Vaccine | YES | NO | Comment |
|-----------|---|--|--|------------|
| 6 weeks | <ul style="list-style-type: none">DPTH vaccineHepatitis BPolio sip 1st dosePneumococcal | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | |
| 3 months | <ul style="list-style-type: none">DPTH vaccineHepatitis BPolio sip 2nd dosePneumococcal | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | |
| 5 months | <ul style="list-style-type: none">DPTH vaccineHepatitis BPolio sip 3rd dosePneumococcal | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | |
| 15 months | <ul style="list-style-type: none">MMRDPTH vaccinePneumococcal | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | |
| 4 years | <ul style="list-style-type: none">DPTH vaccineMMR | <input type="checkbox"/> <input type="checkbox"/> | <input type="checkbox"/> <input type="checkbox"/> | |
| 11 years | <ul style="list-style-type: none">DPTH booster | <input type="checkbox"/> | <input type="checkbox"/> | |
| 12 years | <ul style="list-style-type: none">Human Papillomavirus 3 doses over 6 months | <input type="checkbox"/> | <input type="checkbox"/> | Girls only |

*A copy of the immunisation certificate would be appreciated.

DENTIST :

Private Dentist
-
Dental Mobile Van