

# Student Application Form

To be completed by the student's legal caregiver

## SECTION 1: Personal Details

Student's Family Name (surname): \_\_\_\_\_

First Name(s): \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Day \_\_\_\_\_ Month \_\_\_\_\_ Year Gender:  Male  Female

Name of Mother: \_\_\_\_\_

Name of Father: \_\_\_\_\_

Parental Status:  Married  Divorced  Separated  Single

### Primary Caregiver Details *(Legal Guardian)*

Title (*circle*): Mr / Mrs / Ms / Miss / Pr / Dr / Other: \_\_\_\_\_

Name: \_\_\_\_\_

Relationship to Student: \_\_\_\_\_ Occupation: \_\_\_\_\_

Home Address: \_\_\_\_\_

\_\_\_\_\_ Post Code: \_\_\_\_\_

Postal Address: \_\_\_\_\_

\_\_\_\_\_ Post Code: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Mobile: \_\_\_\_\_

Email: \_\_\_\_\_

To receive a copy of the student's report (*via email and available on student portal, post by request only*)

To receive a copy of the LAC Newsletter (*via email*)

**Secondary Caregiver Details** (e.g. non-custodial parent)Title (*circle*): Mr / Mrs / Ms / Miss / Pr / Dr / Other: \_\_\_\_\_

Name: \_\_\_\_\_

Relationship to Student: \_\_\_\_\_ Occupation: \_\_\_\_\_

Home Address: \_\_\_\_\_

\_\_\_\_\_ Post Code: \_\_\_\_\_

Postal Address: \_\_\_\_\_

\_\_\_\_\_ Post Code: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Mobile: \_\_\_\_\_

Email: \_\_\_\_\_

 To receive a copy of the student's report (*via email and available on student portal, post by request only*) To receive a copy of the LAC Newsletter (*via email*)**Emergency Contact** (other than listed above)

An emergency contact is used if LAC cannot make contact with person(s) identified as the primary or secondary caregiver

Name

Relationship to student:

Daytime Tel:

Mobile Tel:

**Church Information**

Denomination (Religion): \_\_\_\_\_

(Circle one) Dedicated / Baptised / Christened / Confirmed

Church of membership: \_\_\_\_\_

Church pastor/minister: \_\_\_\_\_

Church of Membership Address: \_\_\_\_\_  
\_\_\_\_\_

Church of Membership Phone Number: \_\_\_\_\_

## Other Information

Ethnicity/Nationality: \_\_\_\_\_ Citizenship: \_\_\_\_\_

Proportion of Māori Descent (statistical use): \_\_\_\_\_% Iwi: \_\_\_\_\_

Is English your first language?  Yes  NoIf 'No', please indicate here the experience you have had with the English language:  
\_\_\_\_\_

If student is not born in NZ, please state date first arrived here: \_\_\_\_\_

Has the applicant previously been a student at Longburn Adventist College?  Yes  NoIf so, state year(s) attended and reason for leaving \_\_\_\_\_  
\_\_\_\_\_Names of family members currently attending LAC: \_\_\_\_\_  
\_\_\_\_\_Names of family members who have previously attended LAC: \_\_\_\_\_  
\_\_\_\_\_

Do you have any family members in a particular LAC sporting house?

 Not Applicable  Luther  Tyndale  WesleyHow were you referred to LAC?  Website  Local PN Church  SDA Church Parent / Student: \_\_\_\_\_ Other: \_\_\_\_\_

### SECTION 2: Academic Details

This enrolment application is for the student to commence at LAC in Term \_\_\_\_\_, year 20\_\_\_\_\_

If commencement is not to be at the beginning of the school year, state alternative date: \_\_\_\_\_

Year level for which you are enrolling:  7     8     9     10     11     12     13

Day Student     5 Day Boarder     7 Day Boarder

Current School (please write in full): \_\_\_\_\_

Current School telephone number: \_\_\_\_\_ Current Year Level: \_\_\_\_\_

### SECTION 3: Medical Information Details

Information provided below will be treated with confidentiality. It will be used for the purpose of planning safe activities, or in the event of a medical situation arising at school or whilst away on a trip. Please note it is your responsibility to keep the school advised of any changes to these details.

Name of family doctor: \_\_\_\_\_ Doctor's Tel: \_\_\_\_\_

Name of family dentist: \_\_\_\_\_ Dentist's Tel: \_\_\_\_\_

Please state any medical concerns the student may have?

*Please provide us with as much detail as possible, include extra notes on last page (8) if necessary.*

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Please state any physical or intellectual disabilities the student may have:

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Is the student currently taking any medication?  Yes  No

If 'Yes', state name and type of medication: \_\_\_\_\_

Dosage: \_\_\_\_\_

Does the student smoke?  Yes  No

*(Please note that the school property, including dormitories, is 100% smoke free).*

Immunisations up-to-date?  Yes  No

### Consent for Medical Intervention

Yes  No I give permission for my child to be given Paracetamol during school hours, at the discretion of LAC staff.

Yes  No As Parent/Caregiver, I authorise the obtaining on my behalf of any medical assistance for my child if, in the opinion of LAC staff or medical personnel, such treatment is necessary, and I agree to meet any costs incurred.

### Declaration

I understand that as the student's parent/caregiver it is my responsibility to keep the school aware of any updates/changes regarding my student's health.

Parent/Caregiver Signature: \_\_\_\_\_

Date: \_\_\_\_\_

## SECTION 4: General Consent Form

Where necessary, specify details in the space at the end of this form.

Please Note: If the boxes are left unticked, it will be assumed that the answer is 'Yes'. Place extra comments or clarifications in the 'Extra Details' section at the foot of the page.

1. I give permission for LAC and the PTA to reproduce the name and/or photograph of the above student in:

<b>Photos</b>		<b>Name</b>		
<b>Yes</b>	<b>No</b>	<b>Yes</b>	<b>No</b>	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Promotional literature
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	On the school's website
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	School magazine (HARI). If you choose 'No' for this option, your child cannot be in school photos as they are published in the HARI.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	School newsletter (published on LAC's website <a href="http://www.lac.school.nz/newsletters">www.lac.school.nz/newsletters</a> )
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Promotional school videos

- |    | <b>Yes</b>               | <b>No</b>                |  |
|----|--------------------------|--------------------------|--|
| 2. | <input type="checkbox"/> | <input type="checkbox"/> | I give permission for information (relating only to school matters) required by the Proprietors to be forwarded to them.   |
| 3. | <input type="checkbox"/> | <input type="checkbox"/> | I give permission for the student named in this application to attend school trips within Palmerston North only, and all other trips for educational purposes will require a parent/ caregiver signature on a trip permission slip.  |
| 4. | <input type="checkbox"/> | <input type="checkbox"/> | Should the student named in this application to be involved in a serious disciplinary problem whilst on any school excursion, I accept that he/she may be sent home (or home/dormitory for boarding students) at my expense, after initial consultation with you if practically possible.  |
| 5. | <input type="checkbox"/> | <input type="checkbox"/> | I understand that Longburn Adventist College will not accept any responsibility for loss of or damage to the student's personal property. The school will, however, take all reasonable care to recover the article or find the person responsible for the loss or damage.   |
| 6. | <input type="checkbox"/> | <input type="checkbox"/> | I agree that the student named in this application should take part in school activities and necessary duties as may be required by the staff.   |
| 7. | <input type="checkbox"/> | <input type="checkbox"/> | I agree that the student named in this application will observe the requirements as set out in the Longburn Adventist College student handbook (available from the website - <a href="http://www.lac.school.nz">www.lac.school.nz</a> ) and LAC House Boarding manual (for boarding students only - <a href="http://www.lac.school.nz/boarding">www.lac.school.nz/boarding</a> ) |

Extra Details \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Parent/Caregiver Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## SECTION 5: Financial Arrangements

Name of person responsible for the payment of school fees:

\_\_\_\_\_

Relationship to student: \_\_\_\_\_

Postal Address: \_\_\_\_\_

\_\_\_\_\_ Post Code: \_\_\_\_\_

**Guarantee:** I, the person/organisational officer responsible for payment of school fees and attendance dues, undertake to pay all amounts on or before the due dates.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

## SECTION 6: Personal Declarations

### Student:

- By presenting this signed application for admission to Longburn Adventist College, I recognise my responsibility to abide by the ideals and regulations of the College and to co-operate in all aspects of the College programme.
- I have read and agree to follow Digital Integrity Agreement (see section D).
- I understand that my access to computers, the internet, and digital devices at school may be withdrawn if I do not act responsibly.

Print student name: \_\_\_\_\_

Student signature: \_\_\_\_\_ Date: \_\_\_\_\_

### Parent/Caregiver:

- By presenting this signed application for admission to Longburn Adventist College, I recognise my responsibility to abide by the ideals and regulations of the College and to co-operate in all aspects of the College programme.
- I agree to allow my son/daughter to use the internet and other ICT at school.
- I will contact the school if there is anything in the Digital Integrity Agreement that I do not understand.
- If there is a situation that concerns me regarding digital technologies, I will contact either the school or Netsafe ([www.netsafe.org.nz](http://www.netsafe.org.nz)).

Print caregiver name: \_\_\_\_\_

Caregiver signature: \_\_\_\_\_ Date: \_\_\_\_\_

