



# MACKENZIE COLLEGE

## Student Enrolment Form

Kirke Street  
Fairlie 8925  
New Zealand

Telephone: 03 685 8603  
Fax: 03 685 8296  
Email: office@mackcollege.school.nz

Name of Student:.....  
(Surname) (First Names)

Home Address:.....  
(Please include rapid number and road)

Date of Birth:.../.../..... Birth Certificate Serial No:..... Verified:   
Day Mth Year

City and Country of Birth:.....  
*In the case of a student born overseas, please bring passport and the parents' work permit or child's residency or student permit.*

Ethnic Group:..... Iwi:..... Language Spoken:.....

**Father/Caregiver:**.....

Relationship to Student:.....Occupation:.....  
(If not parent)

Address:.....  
(If different from above)

Telephone - Home:.....Business:.....

Email Address:.....

**Mother/Caregiver:**.....

Relationship to Student:.....Occupation:.....  
(If not parent)

Address:.....  
(If different from above)

Telephone - Home:.....Business:.....

Email Address:.....

Emergency Contact:..... Phone:.....  
(If parent/caregiver not available)

School presently attended:.....Current Year Level:.....

Address of School: .....

Other family members at this school:

Name:..... Form Class:..... Year Level:.....

Name:..... Form Class:..... Year Level:.....

Subjects currently studied at last school (with level):

*(Year 7 to 10 students only to complete this section):*

*(Senior students only to complete this section regarding subjects)*

1..... 2..... 3.....

4..... 5..... 6.....

**Specific Learning Strengths/Needs (eg academic, cultural, music, social, sport):**

What special abilities does the student show?.....

In what areas would the student benefit from extra support to improve learning?

.....

If any health problems, please specify:.....

Family Doctor:..... Phone:.....

Family Dentist:..... Phone:.....

Is the student allowed to be given Panadol if required? Yes /No

**Declaration:**

I/we have read the prospectus and agree to be bound by all the school rules and regulations.

I/we agree to pay any fees/dues the school finds necessary to levy. This includes practical subjects and damage to school property.

I/we give permission for information on this enrolment form and any images taken whilst at school to be used for school purposes.

I/we agree to abide by the Internet Access Acceptable Use Agreement.

Signed:..... (Parent/Guardian)

Signed:..... (Student)

Date:.....

**Please ensure that this application has been signed by the student and parent/guardian and all questions answered.**

**Enrolments after the start of the school year:**

**Please contact the office to make an appointment to enrol your child. This allows us to make the best arrangements for your child's admission to the college.**

For school use only:

Class:..... Vertical Form:..... Bus Route:.....

Admission Date:..... No:.....

Leaving Date:.....Destination:.....