



P.O. Box 11020  
Hillcrest  
Hamilton  
Ph: (07) 857 0297  
Fax: (07) 856 5125

office@hillcrest-high.school.nz  
www.hillcrest-high.school.nz

# Hillcrest High School

## Te Kura Tuarua o Tihipuke

### STUDENT ENROLMENT 2017

Office use:	
ID Number:	
Start Date:	
Entered Kamar:	

STUDENT INFORMATION							
<b>Level:</b> (the year you are coming in to)	<b>9</b> <input type="checkbox"/>	<b>10</b> <input type="checkbox"/>	<b>11</b> <input type="checkbox"/>	<b>12</b> <input type="checkbox"/>	<b>13</b> <input type="checkbox"/>	<b>Application type (tick)</b> In Zone <input type="checkbox"/> Out-of-Zone <input type="checkbox"/>	<b>Out-of-zone priority level sought (circle)</b> 1 2 3 4 5 6
<b>Surname:</b> <i>(Names as on birth certificate)</i>		<b>First Name/s:</b>		<b>Preferred:</b> <i>(Name you wish to be known by)</i>			
<b>Home address:</b> <i>(Include postcode)</i>				<b>Postal address:</b> <i>(If different from home address)</i>			
<b>Male</b> <input type="checkbox"/>	<b>Female</b> <input type="checkbox"/>	<b>Date of Birth:</b>					
<b>The name of your current school:</b>				<b>What year level are you currently in?:</b>			
<b>Bus route (if applicable):</b>							
<b>Student's cellphone number (if applicable):</b>							
<b>Student's email address (if applicable):</b> <small>Please write email address very clearly</small>							

ENROLMENT INFORMATION	
<b>In Zone:</b> Write the names of your siblings currently at HHS	_____
<b>Out of Zone:</b> Tick (✓) which of these priorities apply You have been accepted into the special education programme (ILC, PAC, ORRS funded) (Priority 1) <input type="checkbox"/> You have a sibling who is a <u>current student</u> (Priority 2) <input type="checkbox"/> You have a sibling who is a <u>former student</u> (Priority 3) <input type="checkbox"/> You are the <u>son/daughter of a former student</u> (Priority 4) <input type="checkbox"/> You are the <u>son/daughter of an employee</u> of the Board of Trustees or the son/daughter of a member of the Board of Trustees (Priority 5) <input type="checkbox"/> You have no prior or current association with HHS (Priority 6) <input type="checkbox"/>	Below please write the names of sibling/s who are current or former students <b>OR</b> parent/s who are former students. (Include year attended) _____ _____ _____

DEMOGRAPHICS		
Tick (✓) as appropriate		
<b>Country of birth:</b> _____ <b>If not born in NZ:</b> What year did you arrive in NZ? _____ Are you a refugee: YES <input type="checkbox"/> NO <input type="checkbox"/>	<b>Residency Status:</b> New Zealand Citizen or Citizen of _____ (country) <input type="checkbox"/> Permanent Resident <input type="checkbox"/> Student Visa/Permit <input type="checkbox"/> Expiry date: _____ Exchange student or International fee payer <input type="checkbox"/> Passport no: _____	<b>Cultural Identity:</b> (you may tick more than one) Maori * <input type="checkbox"/> <i>*Indicate Iwi affiliation on last page</i> NZ European / Pakeha <input type="checkbox"/> European <input type="checkbox"/> Pacific Islands (please specify below) <input type="checkbox"/> _____ Other (please specify below) <input type="checkbox"/> _____
<b>What language do you speak at home?</b> English <input type="checkbox"/> Other (please specify below) <input type="checkbox"/> _____		
<b>Do you require help with English?</b> YES <input type="checkbox"/> NO <input type="checkbox"/>		

**NOTE:** Attach a copy of NZ birth certificate or passport. This is required for ALL applicants.



## PRIMARY CAREGIVERS

(Parent/Caregiver with whom the student lives)

**Note: all communication and correspondence from the school will be with the primary caregivers, mainly via email**

FEMALE (Mrs / Ms / Miss)			MALE		
Name:			Name:		
Relationship to Student: (e.g. mother)			Relationship to Student: (e.g.		
Legal Guardian	Yes	No	Legal Guardian	Yes	No
Home Phone:			Home Phone:		
Cell Phone:			Cell Phone:		
Email: <small>Please write email address very clearly</small>			Email: <small>Please write email address very clearly</small>		
Home address:			Home address:		
Occupation:			Occupation:		
Work Phone:			Work Phone:		
Place of employment:			Place of employment:		

**NOTE:** Attach as proof of in-zone residence a copy of one of the following:  
electricity or telephone bill, tenancy agreement.



## EMERGENCY CONTACT DETAILS

**IN AN EMERGENCY** who else can we contact if we can't contact the primary caregiver? **(We need two)**

*Name:		*Name:	
Relationship to student:		Relationship to student:	
Home Phone:		Home Phone:	
Work Phone:		Work Phone:	
Cell Phone:		Cell Phone:	

## SECONDARY CAREGIVER/S – only if applicable i.e. parent that the student does not live with most, or all, of the time.

*Name:		Relationship to Student	
		Legal Guardian?	YES      NO
<b>*If you wish this person to be contacted in the event of an emergency (and we can't contact primary caregiver), please also enter their details in the Emergency Contact Details section above.</b>			
Home Phone:		Cell Phone:	
Email:			
Home Address:		Occupation:	
Work Phone:		Place of employment	

## EXTRA FAMILY INFORMATION

The school does not usually send information to the secondary caregiver (if applicable) Do you wish that emails / reports be sent to the secondary caregiver (if applicable)?	Yes	No
Are there any special access / custody orders / financial arrangements the school should be aware of? If 'Yes' please explain and provide documentary proof for our file: .....	Yes	No
Is your son/daughter involved with any outside agencies? e.g CAMHS, CYFS, Hospital If yes, please indicate here:.....	Yes	No

# Hillcrest High School STUDENT HEALTH INFORMATION 2017

## STUDENT INFORMATION

Surname:	Firstname:	Date of birth:
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The Hillcrest High School Health Clinic has a registered nurse present during school hours.

**CONSENT: Please tick ✓**

Permission for the school nurse or designated first aider to administer routine over-the-counter medication as required e.g. paracetamol, antihistamine cream/tablets, arnicas, Rescue Remedy and throat lozenges. Yes  No

Permission for the school nurse to give Nurofen (Ibuprofen) Yes  No

**YOUR CHILD'S DOCTOR:**

Name	Phone:
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**YOUR CHILD'S DENTAL CARE:**

Basic dental care is free to students under the age of 18 years who are enrolled with a contracting dentist. At Hillcrest High School students have the option of using Mighty Mouth Dental's free onsite dental service or enrolling with another contracting dentist. Please indicate your preference below:

Mobile Mighty Mouth Dentist OR Your child's dentist: Name \_\_\_\_\_ Phone: \_\_\_\_\_

**YOUR CHILD'S PAST HISTORY OF OPERATIONS, ILLNESS, INJURIES, DISABILITIES (please give details):**

--

**DOES YOUR CHILD HAVE ANY MEDICAL CONDITIONS? Please tick ✓**

Asthma <input type="checkbox"/>	Depression <input type="checkbox"/>	Hayfever <input type="checkbox"/>	Migraines/Headaches <input type="checkbox"/>
Anxiety Problems <input type="checkbox"/>	Ear Infection <input type="checkbox"/>	Hearing Problems <input type="checkbox"/>	Menstrual Problems <input type="checkbox"/>
Back/Neck Problems <input type="checkbox"/>	Epilepsy <input type="checkbox"/>	Heart Condition <input type="checkbox"/>	Recurring Abdominal Pain <input type="checkbox"/>
Cancer <input type="checkbox"/>	Eyesight Problems <input type="checkbox"/>	Hepatitis/HIV <input type="checkbox"/>	Skin Condition <input type="checkbox"/>
Diabetes <input type="checkbox"/>	Fainting <input type="checkbox"/>	Kidney Problems <input type="checkbox"/>	Other (eg ADD) <input type="checkbox"/>

If yes, please give details and treatment information:

--

**DOES YOUR CHILD CURRENTLY TAKE ANY MEDICATION/S (PRESCRIPTION OR OVER THE COUNTER, INCLUDING HERBAL)? (please give details)**

--

**DOES YOUR CHILD HAVE ANY ALLERGIES AND/OR SENSITIVITIES? (please give details)**

ALLERGY e.g. Peanuts, bee stings, medications	COMMENT (Severity) e.g. Severe: Anaphylaxis / Moderate: Swelling	TREATMENT e.g. Requires adrenalin, call ambulance, Phenergan, icepack

**VACCINATIONS HISTORY Please indicate**

Is your child's Tetanus up to date?	Yes	No	Date last given:.....
Are your child's childhood immunizations up to date?	Yes	No	Attach copy of immunization certificate

*Please note: Information provided on this form is available to staff.  
Any concerns please contact the School Nurse, Dean or Guidance Counsellors.*

Parent/Caregiver's signature: \_\_\_\_\_ Date: \_\_\_\_\_

## Extra-Curricular Interests

Please tick any of the following which you currently are involved in and wish to carry on with, or are interested in joining.

Tick	Sport	Tick	Visual/Performing Arts	Tick	Other
<input type="radio"/>	Archery	<input type="radio"/>	Acting	<input type="radio"/>	Aviation
<input type="radio"/>	Athletics	<input type="radio"/>	Art Club	<input type="radio"/>	Ball Committee (Seniors)
<input type="radio"/>	Badminton	<input type="radio"/>	Chamber Music	<input type="radio"/>	Council - Junior / Senior
<input type="radio"/>	Basketball	<input type="radio"/>	Choir - Jazz (Scat)	<input type="radio"/>	Debating - Junior/Senior
<input type="radio"/>	BMX	<input type="radio"/>	Indian Bollywood	<input type="radio"/>	Duke of Edinburgh /Hillary Award
<input type="radio"/>	Bowls	<input type="radio"/>	Dancing	<input type="radio"/>	Green Team -
<input type="radio"/>	Canoe Polo	<input type="radio"/>	Jazz Band	<input type="radio"/>	Environment Group
<input type="radio"/>	Cheerleading	<input type="radio"/>	Kapa Haka - Tihipuke	<input type="radio"/>	Model United Nations (Seniors)
<input type="radio"/>	Chess	<input type="radio"/>	Lion Dancing	<input type="radio"/>	Mooting (Seniors)
<input type="radio"/>	Cricket	<input type="radio"/>	Vocal / Music Tuition - write instrument here:	<input type="radio"/>	Peer Support (Seniors)
<input type="radio"/>	X Country/Road Race	<input type="radio"/>	Pasifika Group	<input type="radio"/>	Peer Tutoring (ESOL)
<input type="radio"/>	Cycling	<input type="radio"/>	Orchestra - Junior	<input type="radio"/>	Public Speaking
<input type="radio"/>	Equestrian	<input type="radio"/>	Orchestra - Senior	<input type="radio"/>	SADD
<input type="radio"/>	Football	<input type="radio"/>	Shakespeare Club		
<input type="radio"/>	Golf	<input type="radio"/>	Theatresports		
<input type="radio"/>	Gym Sports				
<input type="radio"/>	Hockey				
<input type="radio"/>	Inline Hockey				
<input type="radio"/>	Kiwisport				
<input type="radio"/>	Lacrosse				
<input type="radio"/>	Martial Arts				
<input type="radio"/>	Motocross				
<input type="radio"/>	Multisport				
<input type="radio"/>	Netball				
<input type="radio"/>	Orienteering				
<input type="radio"/>	Rowing				
<input type="radio"/>	Rugby				
<input type="radio"/>	Sailing				
<input type="radio"/>	Shooting				
<input type="radio"/>	Skiing				
<input type="radio"/>	Snowboarding				
<input type="radio"/>	Softball				
<input type="radio"/>	Squash				
<input type="radio"/>	Surfing				
<input type="radio"/>	Swimming				
<input type="radio"/>	Table Tennis				
<input type="radio"/>	Tennis				
<input type="radio"/>	Touch				
<input type="radio"/>	Volleyball				
<input type="radio"/>	Waka Ama				
<input type="radio"/>	Water Polo				
<input type="radio"/>	Weight Training				

## Agreements

**Student:** I agree that ..... (name of student)

- will attend regularly
- will wear the full and correct uniform on the way to and from, as well as at, school
- will meet the expectations of positive behavior for learning as reflected in the RAPID matrix, and abide by the Wireless Device Policy and Responsible Use Agreement *(part of the Enrolment Information booklet which you must read and keep)* If any policy or agreement is breached there may be serious consequences

**Parent/Caregiver:**

- I hereby make application to enrol my son/daughter at Hillcrest High School.
- I have read the Prospectus and agree that my son/daughter will meet the expectations of positive behavior for learning as reflected in the RAPID matrix, and abide by the Wireless Device Policy and Responsible Use Agreement *(part of the Enrolment Information booklet which you must read and keep)* and uniform regulations of the school.
- I have provided up to date medical information and understand that the school will take action on my behalf in case of injury or sudden illness and agree to meet all emergency costs involved.
- I agree to the participation of my son/daughter in category A and B and C (1) EOTC (Education outside the classroom) events as described in the Blanket Consent for EOTC *(part of the Enrolment Information booklet which you must read and keep)* while a student at Hillcrest High School.
- I understand that, if enrolled, my son/daughter may also be involved in regular extra curricular sports and cultural activities outside school hours and may require transport with another parent, coach or manager.
- This information is provided on the understanding that it is only for use by the School or for statistical purposes, however, contact details may also be provided to government departments upon request. I understand that the school may retain this information indefinitely. This information will be held securely in the school archives. I give my permission for information about my son/daughter held at his/her previous school(s) to be transferred to Hillcrest High School.
- I understand that most communication from the school will be electronic and I will keep my email address up to date and regularly check the school website and Facebook page.
- I confirm that the information given in this application is correct and complete and I understand and accept that Hillcrest High School may actively seek to verify this information.
- I confirm that the address I have provided at the time of application and when my son/daughter begins instruction at Hillcrest High School will be the usual place of residence for them. I will advise the school of any subsequent change of address.

**Publication and Display of Digital Images/Work:**

I agree that Hillcrest High School may use my son's/daughter's image and work e.g. art work in its print and digital publications.



**Student's signature:** \_\_\_\_\_

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



**Parent/Caregiver's Signature:** \_\_\_\_\_

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

**Hillcrest High School**  
**Year 9 Subject Choice Form 2017**

Student name:

Current School:

**Learning Areas**

These subjects run for the whole year:

English : Physical Education & Health : Mathematics : Science : Social Studies

**Learning Areas**

**Ranked Choices**

All subjects in the following learning areas run for one semester (two terms).

You will do 3 of these subjects in semester one and 3 in semester two.

The Arts:

- Art (ART)
- Drama (DRA)
- Music (MUS)

Technology:

- Food Technology (FNT)
- Electronics (ELT)
- Design & Visual Communication (DVC)
- Digital Technologies Essentials (DTE)
- Materials Fabrics (MTF)
- Materials Metal (MTM)
- Materials Wood (MTW)

Languages:

- English Language Learning (ELL)
- French (FRE)
- Japanese (JAP)
- Mandarin (MAN)
- Maori (MAO)
- Spanish (SPA)

Social Sciences:

- Financial Capability (FIN)

Integrated Studies:

- Cross Curricular Literacy (CCL)

By invitation

Students will be invited to join these programmes:

- Year 9 Junior Enrichment & Extension
- Year 9 Sports Development

You must choose TWO Arts to study:

1. \_\_\_\_\_
2. \_\_\_\_\_

If your choice was music, are you learning a musical instrument ? YES / NO

You must choose TWO Technologies to study:

3. \_\_\_\_\_
4. \_\_\_\_\_

You must choose ONE Language to study:

5. \_\_\_\_\_

You must choose ONE more subject from anywhere from the subject list.

6. \_\_\_\_\_

Now, rank 3 other subjects from the list.  
*Note: Student numbers, classrooms and teacher availability could result in some students not getting their first choices.*

7. \_\_\_\_\_
8. \_\_\_\_\_
9. \_\_\_\_\_

For course descriptions, see Enrolment Information 2017 booklet in the Prospectus.

**Year 10, 11, 12, 13 choose on next page**

# If you are applying for Years 10, 11, 12, 13

Choose your subjects from the Enrolment Information Booklet in the Prospectus

<b>YEAR 10</b>	<b>Write, in order, your subject preferences.</b> For each course, tick only one of the full or half year boxes (if a half year subject is available). <b>You must choose at least one Art and one Technology.</b>								
		Full	Half		Full	Half			
	1.			3.			5.		
	2.			4.			6.		

<b>YEAR 11</b>	Notes:		NCEA Level	Write in Subject
	English is compulsory in Year 11	1		English <span style="margin-left: 20px;"><small>Circle one</small></span> S T I ELL
	Maths is compulsory in Year 11	2		Maths A B C
	Choose 3 more subjects	3		
		4		
		5		
	Write another subject if you wish to do 6	6		
Now, choose an alternative subject in case of course restrictions	Alt			

<b>YEAR 12</b>	Notes:		NCEA Level	Write in Subject
	English is compulsory in Year 12	1		English <span style="margin-left: 20px;"><small>Circle one</small></span> S T I ELL
	Choose 4 more subjects If you choose a Maths course, please write in which course (2MAS, 2MAC, 2MAT)	2		
		3		
		4		
		5		
	Write another subject if you wish to do 6	6		
Now, choose an alternative subject in case of course restrictions	Alt			

<b>YEAR 13</b>	Notes:		NCEA Level	Write in Subject
	Choose 5 subjects	1		
		2		
		3		
		4		
		5		
	Write another subject if you wish to do 6	6		
Now, choose an alternative subject in case of course restrictions	Alt			

## List of iwi codes (for Ministry of Education : statistical purposes only)

Tick

<b>Northland / Auckland : Te Tai Tokerau / Tāmaki Makau Rau Region</b>	
	Te Aupōuri
	Ngāti Kahu
	Ngāti Kuri
	Ngāpuhi
	Ngāpuhi ki Whāingaroa-Ngāti Kahu ki Whāingaroa
	Te Rarawa
	Ngāi Takoto
	Ngāti Wai
	Ngāti Whātua
	Te Kawerau
	Te Uri-o-Hau
	Te Roroa
	Te Tai Tokerau / Tāmaki Makau Rau (Northland / Auckland) Region, not further defined
<b>Coromandel : Hauraki Region</b>	
	Ngāti Hako
	Ngāti Hei
	Ngāti Maru (Marutuahu)
	Ngāti Paoa
	Patukirikiri
	Ngāti Porou ki Harataunga ki Mataora
	Ngāti Pūkenga ki Waiau
	Ngāti Rāhiri Tumutumu
	Ngāti Tai
	Ngāti Tamaterā
	Ngāti Tara Tokanui
	Ngāti Whanaunga
	Hauraki (Coromandel) Region, not further defined
<b>Waikato / King Country : Waikato / Te Rohe Pōtae Region</b>	
	Ngāti Haua (Waikato)
	Ngāti Maniapoto
	Ngāti Raukawa (Waikato)
	Waikato
	Waikato / Te Rohe Pōtae (Waikato / King Country) Region, not further defined
<b>Rotorua / Taupō : Te Arawa / Taupō Region</b>	
	Ngāti Pīkiao (Te Arawa)
	Ngāti Rangiteaorere (Te Arawa)
	Ngāti Rangitīhi (Te Arawa)
	Ngāti Rangiwēwhē (Te Arawa)
	Tapuika (Te Arawa)
	Tarāwhai (Te Arawa)
	Tūhourangi (Te Arawa)
	Uenuku-Kōpako (Te Arawa)
	Waitaha (Te Arawa)
	Ngāti Whakaue (Te Arawa)
	Ngāti Tūwharetoa
	Ngāti Tahu (Te Arawa)
	Te Arawa / Taupō (Rotorua / Taupō) Region, not further defined
<b>Bay of Plenty : Tauranga Moana / Mātaatua Region</b>	
	Ngāti Pūkenga
	Ngāiterangi
	Ngāti Ranginui
	Ngāti Awa
	Ngāti Manawa
	Ngāi Tai
	Tūhoe
	Whakatōhea
	Whānau-A-Apanui
	Ngāti Whare
	Tauranga Moana / Mātaatua (Bay of Plenty) Region, not further defined

Tick

<b>East Coast : Te Tairāwhiti Region</b>	
	Ngāti Porou
	Te Aitanga-A-Māhaki
	Rongowhakaata
	Ngāi Tāmanuhiri
	Te Tairāwhiti (East Coast) Region, not further defined
<b>Hawkes Bay / Wairarapa : Te Matau a Māui / Wairarapa Region</b>	
	Rongomaiwahine (Te Māhia)
	Ngāti Kahungunu ki Te Wairoa
	Ngāti Kahungunu ki Heretaunga
	Ngāti Kahungunu ki Wairarapa
	Ngāti Kahungunu, region unspecified
	Rangitāne (Te Matau a Maui/Hawkes Bay/Wairarapa)
	Ngāti Kahungunu ki Whanganui a Orotu
	Ngāti Kahungunu ki Tamatea
	Ngāti Kahungunu ki Tamakinui a Rua
	Te Matau a Maui / Wairarapa (Hawkes Bay / Wairarapa) Region, not further defined
<b>Taranaki Region</b>	
	Te Atiawa (Taranaki)
	Ngāti Maru (Taranaki)
	Ngāti Mutunga (Taranaki)
	Ngā Rauru
	Ngā Ruahine
	Ngāti Ruanui
	Ngāti Tama (Taranaki)
	Taranaki
	Tangāhoe
	Pakakohi
	Taranaki (Taranaki) Region, not further defined
<b>Whanganui / Rangitikei Region</b>	
	Ngāti Apa (Rangitikei)
	Te Ati Hau Nui-A-Pāpārangi
	Ngāti Haua (Taumarunui)
	Ngāti Hauti
	Whanganui / Rangitikei (Wanganui / Rangitikei) Region, not further defined
<b>Manawatū / Horowhenua / Wellington : Manawatū / Horowhenua / Te Whanganui a Tara Region</b>	
	Te Atiawa (Te Whanganui a Tara / Wellington)
	Muaūpoko
	Rangitāne (Manawatū)
	Ngāti Raukawa (Horowhenua/Manawatū)
	Ngāti Toarangatira (Te Whanganui a Tara/Wellington)
	Te Atiawa ki Whakarongotai
	Manawatū / Horowhenua / Te Whanganui a Tara (Manawatū / Horowhenua / Wellington) Region not further defined

Tick

<b>South Island / Chatham Islands : Te Waipounamu / Wharekauri Region</b>	
	Te Atiawa (Te Waipounamu / South Island)
	Ngāti Koata
	Ngāti Kuia
	Kāti Mamoe
	Moriōri
	Ngāti Mutunga (Wharekauri / Chatham Islands)
	Rangitāne (Te Waipounamu / South Island)
	Ngāti Rārua
	Ngāi Tahu / Kāi Tahu
	Ngāti Tama (Te Waipounamu / South Island)
	Ngāti Toarangatira (Te Waipounamu / South Island)
	Waitaha (Te Waipounamu / South Island)
	Ngāti Apa ki te Waipounamu
	Te Waipounamu / Wharekauri (South Island / Chatham Islands) Region, not further defined
<b>Iwi known, but region unspecified</b>	
	Te Atiawa, region unspecified
	Ngāti Haua, region unspecified
	Ngāti Maru, region unspecified
	Ngāti Mutunga, region unspecified
	Rangitāne, region unspecified
	Ngāti Raukawa, region unspecified
	Ngāti Tama, region unspecified
	Ngāti Toa, region unspecified
	Waitaha, region unspecified
	Ngāti Apa, area unspecified
	Hapū affiliated to more than one iwi
<b>Iwi unknown, but waka or iwi confederation known</b>	
	Tainui
	Te Arawa
	Takitimu
	Aotea
	Mātaatua
	Mahuru
	Māmari
	Ngātokimatawhaorua
	Nukutere
	Tokomaru
	Kurahaupo
	Muriwhenua
	Hauraki / Pare Hauraki
	Turanganui a Kiwa
	Te Taihū o Te Waka a Maui
	Tauranga Moana
	Horouta
<b>Iwi information not provided</b>	
	Don't know
	Refused to answer
	Response unidentifiable
	Response outside scope
	Not stated
<b>Source: Statistics New Zealand, New Zealand Standard Classification of Iwi</b>	

**If you are of NZ Maori descent the Ministry of Education require us to record your iwi.**

This is because iwi authorities are interested in the educational achievement of their children.

**YOU MAY TICK UP TO THREE IWI ABOVE .**