



Southland Boys' High School

Te Kura Tuarua o ngā Taitama Tāne ki Murihiku

181 Herbert Street I PO Box 1543 I Invercargill I New Zealand

Phone: [03] 211 3003 I Email: mail@sbhs.school.nz I Website: www.sbhs.school.nz

APPLICATION FOR ENROLMENT

Section A: Personal Information

Surname (Legal)											
First Name(s) (Legal)											
Preferred First Name											
Date of Birth		Age		Date to Commence study at SBHS							
Student Address											
Telephone (home)				Mobile							
Year Level Student will enter at SBHS (circle one)	7	8	9	10	11	12	13				
AFFILIATION TO SBHS	NAME/S						HOUSE				
Brother/s currently attending											
Brother/s who attended in past											
Parent who attended in past											
Student Ethnicity (tick your ethnic group/s)	NZ European										
	NZ Maori		Hapu		Iwi						
	Pacific Island		Specify								
	Other European		Specify								
	Other		Specify								
Language spoken at home											
Are you a New Zealand Citizen? (circle one)	Yes	No	If No, what is your country of birth?								
			Date of arrival in New Zealand (please attach copy of your visa)								
Transport to School (e.g. cycle, car, walk, bus)			Bus route								

Section B: Boarding

Boarding at Coldstream Hostel (circle one)		Yes	No
If Yes, has an application been made to the Hostel? (circle one)		Yes	No
Private Board (leave blank if N/A)	Name of Adult		
	Address		
	Phone		

Section C: Caregiver / Contact Information

MOTHER		Partner (if applicable)	
Call Priority (1/2/3/4 etc)			
Family Name			
First Name			
Address			
Occupation			
Home Phone #			
Work Phone #			
Mobile #			
Email Address			
FATHER		Partner (if applicable)	
Call Priority (1/2/3/4 etc)			
Family Name			
First Name			
Address			
Occupation			
Home Phone #			
Work Phone #			
Mobile #			
Email Address			
GUARDIAN / CAREGIVERS		Emergency Contact	
Call Priority (1/2/3/4 etc)			
Family Name			
First Name			
Address		Relationship to child	
Occupation			
Home Phone #			
Work Phone #			
Mobile #			
Email Address		N/A	

Section D: Student Contact Information

Student Mobile #

Student Email Address

Section E: Student Educational Information

Current School

Current Year Level

School Achievements
(academic, sporting, musical,
other)

Student interests, hobbies, sports,
career plans

Has the student been sent home,
stood down or suspended

No

Yes

If Yes provide
details

Has the student been verified as
an ORS student (tick box if yes)

Very High
Needs

High Needs

Declined on Application

Has the student had involvement
with the following agencies

Oranga
Tamariki

CADS / CAFS

RTLb

Other
(specify)

Does the student have any known
learning difficulties
(specify)

Section F: Medical Information

Name of Family Medical Centre/Clinic

Does the student suffer from (tick if yes / cross if no)

Migraines

Hay Fever

Nose Bleeds

Asthma

Serious Allergies
(specify)

Other
(specify)

Is he taking any pills or medication? If so, what are they for, and is it to be taken whilst at School?

(Please list medication, reason for taking it and if it is to be taken whilst at school. It must be kept at and administered from the Main School Office and be provided in the original container with the student's name and the dose details)

Permission given for staff to
administer **Panadol/ibuprofen**
(circle one)

Yes

No

Student's
immunisations are up
to date
[circle one]

Yes

No

If **Yes** please provide a copy of current
immunisations

Permission given for staff to
administer **Antihistamine**
(circle one)

Yes

No

**PLEASE ALSO COMPLETE THE ENCLOSED
MEDICAL RECORD FORM**

Section G: Declaration / Required Documents (tick or cross as applicable)

We give permission for personal information to be used for educational, administrative and research purposes	
We give permission for photographic images of the student and / or his work to be reproduced for marketing and / or educational purposes	
We give permission for the student to participate in offsite classroom / learning activities, under staff supervision, within the town boundary	
We agree that the student will abide by all school rules and regulations as outlined in the information handbook for parents / caregivers	
Copy of birth certificate or passport included with this application [NZ Citizens]	
Copy of passport & Student Visa / Residency Permit included with this application if the student is not a NZ Citizen	

Section H: Signatures (caregivers / student)

Full Name of Mother / Legal Guardian			
Signature of Mother / Legal Guardian		Date	
Full Name of Father/ Legal Guardian			
Signature of Father / Legal Guardian		Date	
Full Name of Student			
Signature of Student		Date	

FOR OFFICE USE ONLY

Date Received	Date Entered in KAMAR	Year Level	House	New or Re-enrolment
Birth Certificate/Passport		Other		