



Te Kauwhata College ENROLMENT CARD



Please PRINT clearly and neatly. NB: There are 2 sides to this form.

Please bring student's Birth Certificate, current valid Passport/Student Visa or Citizenship Paper when enrolling.

Particulars of Student

Current Year Level: Year 6 ☐ Year 7 ☐ Year 8 ☐ Year 9 ☐
Year 10 ☐ Year 11 ☐ Year 12 ☐ Year 13 ☐

Family Name

First Name

Middle Name(s)

Address Postcode:

Postal Address (if different from above) Postcode:

Student Cell Phone Date of Birth

Country of Birth Gender ☐ Male ☐ Female

NSN Number (if known)

Ethnicity: ☐ NZ European

☐ NZ Maori

➤ State Iwi & code (up to 3 groups) Code

Code

Code

☐ Other Ethnicity ➤ Please state:

Is English the first language spoken at home?

☐ Yes ☐ No If NO, specify language:

Previous School: Town:

Normal Transport to Te Kauwhata College: ☐ Walk ☐ Bike ☐ Car* ☐ Bus

* Students need school permission to drive a car to school or ride in a car driven by another student.

Is the enrolling student the eldest in the family at Te Kauwhata College? ☐ Yes ☐ No

Brothers / Sisters at THIS school: Name Year

Name Year

Particulars of Parents/Guardians

Mother's Details

Living with student

☐ Yes

☐ No

Family Name Title Mrs / Miss / Ms

First Name Occupation

Address (if NOT living with student) Workplace

Home Phone Work Phone

Email

Father's Details

Living with student

☐ Yes

☐ No

Family Name Title: Mr

First Name Occupation

Address (if NOT living with student) Workplace

Home Phone Work Phone

Email

Any other Parent/Guardian LIVING with student

Family Name Title Mr / Mrs / Miss / Ms

First Name Occupation

Relationship to student Workplace

Cell Phone Work Phone

Email

Important: To ensure we are able to contact someone in an emergency please provide at least one telephone number.

PLEASE TURN OVER

Emergency Contacts

1st Emergency Contact Person if Parent / Guardian is not available e.g. grandparent, other relative, neighbour, friend

Family Name	<input type="text"/>	Title	<input type="text" value="Mr / Mrs / Miss / Ms"/>
First Name	<input type="text"/>	Occupation	<input type="text"/>
Address	<input type="text"/>	Work Place	<input type="text"/>
		Work Phone	<input type="text"/>
Relationship to student	<input type="text"/>	Cell Phone	<input type="text"/>

2nd Emergency Contact Person if Parent / Guardian is not available e.g. grandparent, other relative, neighbour, friend

Family Name	<input type="text"/>	Title	<input type="text" value="Mr / Mrs / Miss / Ms"/>
First Name	<input type="text"/>	Home Phone	<input type="text"/>
Address	<input type="text"/>	Work Place	<input type="text"/>
		Work Phone	<input type="text"/>
Relationship to student	<input type="text"/>	Cell Phone	<input type="text"/>

Contact details on this form are required by law to be forwarded to the Ministry of Social Development. This is so at-risk young people can be identified and offered support by organisations contracted to help re-engage young people in education or training when they leave school. The information will not be used for any other purpose.

Are there any special family circumstances (e.g. restricted contact, court access order)?

Has your child been Stood Down / Suspended / Excluded from any previous schools?

YES / NO
(please circle)

If yes, what were the reasons?

Parent / Guardian Declaration

In support of my child / ward's application for enrolment at Te Kauwhata College I undertake to see that he / she abides by the rules of the school.

I will advise the school of any subsequent change of address, telephone numbers, emergency contact details, etc.

PRIVACY: I give permission for the Principal of Te Kauwhata College (or her nominee) to obtain, from previous schools, information relevant to this application. From time to time, the school takes photographs and other digital images of students to record school activities for the newsletters, learning journals, prospectus, magazine, website, Facebook page, etc. It is the school's policy that any photographs or digital images for publication are either positive depictions of the students or they are taken in such a way to avoid identification. Please advise the school if you have any concerns about the publication of your student's photographs.

Signed:

Female Parent / Guardian

Male Parent / Guardian

Other Parent / Guardian

Date

SCHOOL USE ONLY

Copy of Birth Certificate / Passport attached: Yes ☐ No ☐ Start Date: _____

House:



Kauri



Rimu



Totara

Mentor Class: _____

Visa Type (circle one) Residency visa, Visa domestic, Visa with conditions of study, Limited purpose permit.

Passport No: _____ Date of entry to NZ: ____/____/____ Visa Serial No. _____ Visa Expiry ____/____/____