



Te Kauwhata College ENROLMENT CARD

IN ZONE APPLICATION

Address verified



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

Enrolling in: 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:

Country of Birth Date of Birth

If born overseas Date of Arrival NZ Gender: Male Female Other

NSN Number (if known) Student Cell Phone

Ethnicity: NZ European NZ Maori > State Iwi & code (up to 3 groups)

Code

Other Ethnicity please state: Code

Code

Is English the first language spoken at home? Yes No If NO, specify language

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.

Previous School: Town:

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 Cell Phone

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 Cell Phone

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.

Emergency Contacts

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

Family Name	<input style="width: 95%;" type="text"/>	Title	<input style="width: 95%;" type="text" value="Mr / Mrs / Miss / Ms"/>
First Name	<input style="width: 95%;" type="text"/>	Occupation	<input style="width: 95%;" type="text"/>
Address	<input style="width: 95%;" type="text"/>	Work Place	<input style="width: 95%;" type="text"/>
		Work Phone	<input style="width: 95%;" type="text"/>
Relationship to student	<input style="width: 95%;" type="text"/>	Cell Phone	<input style="width: 95%;" type="text"/>

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

Family Name	<input style="width: 95%;" type="text"/>	Title	<input style="width: 95%;" type="text" value="Mr / Mrs / Miss / Ms"/>
First Name	<input style="width: 95%;" type="text"/>	Occupation	<input style="width: 95%;" type="text"/>
Address	<input style="width: 95%;" type="text"/>	Work Place	<input style="width: 95%;" type="text"/>
		Work Phone	<input style="width: 95%;" type="text"/>
Relationship to student	<input style="width: 95%;" type="text"/>	Cell Phone	<input style="width: 95%;" 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:	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>
	<i>Parent / Guardian</i>	<i>Parent / Guardian</i>	<i>Enrolling Officer</i>
			<i>Date</i>

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 ___/___/___