



TUAKAU COLLEGE

ENROLMENT FORM 2010

OFFICE USE ONLY		Start Date: ___ / ___ / 2010	
Received on: ___/___/___	House: <input type="checkbox"/> Blue <input type="checkbox"/> Green <input type="checkbox"/> Yellow <input type="checkbox"/> Red	Bus Route: <input type="checkbox"/> Glen Murray/Opuatia (1701 /TK13) <input type="checkbox"/> Harrisville (1547 /TK6A) <input type="checkbox"/> Mangatawhiri (1675 /TK8) <input type="checkbox"/> Mercer Ferry/Clarke Denize (1548 /TK1) <input type="checkbox"/> Onewhero (1657 /TK6B) <input type="checkbox"/> Pokeno (1546 /TK5) <input type="checkbox"/> Port Waikato (1545 /TK3) <input type="checkbox"/> Pukekohe (1111 /TK12)	
Year Level:			
T/Class:	V/Form:		

NAME AND ADDRESS DETAILS			
Student's Surname:		First Names:	
Preferred Name: <i>(The name the student wishes to be known by)</i>		Home Telephone:	
Student's permanent residential address:			
		Town:	
Postcode:		Rapid Response No: <i>(The reflective red on white sign for rural properties)</i>	
OTHER DETAILS			
Male <input type="checkbox"/> Female <input type="checkbox"/>	Date of Birth: ___/___/___ Day Month Year	Last School attended:	

CULTURAL IDENTITY	
<p>Please tick relevant boxes: <i>(This information is required by the Ministry of Education)</i></p> <p><input type="checkbox"/> MAORI <input type="checkbox"/> NZ EUROPEAN/PAKEHA</p> <p><i>If New Zealand Maori, please state Iwi:</i></p> <p>Iwi: _____ Number Code: _____</p> <p>Iwi: _____ Number Code: _____</p> <p>Iwi: _____ Number Code: _____</p> <p>Tick box and specify where indicated: <i>(e.g. Samoan)</i></p> <p><input type="checkbox"/> Other European Specify _____</p> <p><input type="checkbox"/> Polynesian Specify _____</p> <p><input type="checkbox"/> Asian Specify _____</p> <p><input type="checkbox"/> Other Specify _____</p> <p>Languages spoken: _____</p> <p>Main language used at home: _____</p> <p>Born in New Zealand? Yes / No <i>(Please circle)</i></p>	<p>If you were not born In New Zealand, please answer the following questions:</p> <p>Country of origin: _____</p> <p>Approximate date of arrival in New Zealand: _____</p> <p>Is the student a: <i>(Please tick box)</i></p> <p><input type="checkbox"/> Citizen of NZ</p> <p><input type="checkbox"/> Permanent Resident</p> <p><input type="checkbox"/> Holder of a current open student visa as a dependant of a holder of an unexpired work permit?</p> <p><input type="checkbox"/> Student on a Government-approved exchange scheme.</p> <p>If the student is a permanent resident or holder of a current open student visa, please complete these questions:</p> <p><input type="checkbox"/> Passport No. _____</p> <p><input type="checkbox"/> Visa No. _____</p> <p><input type="checkbox"/> Work Permit: _____</p> <p><input type="checkbox"/> Documents sighted: _____</p> <p><i>(To be signed by Principal or delegate. Copies to be placed in student file)</i></p> <p>Date sighted: _____</p>

PARENT/CAREGIVER(S) DETAILS for mailing purposes (parent/caregiver(s) who live(s) at the student's permanent address as shown on page 1)	
1. Surname:	2. Surname:
Title: <i>(circle one)</i> Mr / Mrs / Ms / Miss	Title: <i>(circle one)</i> Mr / Mrs / Ms / Miss
First name:	First name:
Home phone no:	Home phone no:
Mobile phone no:	Mobile phone no:
Email address:	Email address:
Work phone no:	Work phone no:
Occupation: (required by the Ministry of Education)	Occupation: (required by the Ministry of Education)
Workplace:	Workplace:
Relationship to student: <i>(circle one)</i> Mother/Father/Step-parent/Legal Guardian/Caregiver	Relationship to student: <i>(circle one)</i> Mother/Father/Step-parent/Legal Guardian/Caregiver

NAME & ADDRESS OF PARENT(S) (who are not living at the student's permanent address as given on page 1)			
1. Surname:	2. Surname:		
Title <i>(circle one)</i> Mr / Mrs / Ms / Miss	Title <i>(circle one)</i> Mr / Mrs / Ms / Miss		
First name:	First name:		
Address:	Address:		
Town/City: Postcode:	Town/City: Postcode:		
Home phone no.	Home phone no.		
Mobile phone no.	Mobile phone no.		
Email address:	Email address:		
Work phone no.	Work phone no.		
Occupation: (required by the Ministry of Education)	Occupation: (required by the Ministry of Education)		
Workplace:	Workplace:		
Relationship to student <i>(circle one)</i> Mother/Father/Step-parent/Legal Guardian/Caregiver	Relationship to student <i>(circle one)</i> Mother/Father/Step-parent/Legal Guardian/Caregiver		
Access rights: Yes / No	Requires School Reports: Yes / No	Access rights: Yes / No	Requires School Reports: Yes / No

CONTACT (for emergencies) WHO CAN BE PHONED WHEN PARENTS CANNOT BE REACHED.	
Name: Title <i>(circle one)</i> Mr / Mrs / Ms / Miss	
Address:	
Home phone:	Mobile phone no: Work phone:
Work Place:	Relationship to student:

SIBLINGS			
List below full names of brothers/sisters currently attending Tuakau College:			
Name:	Date of Birth:	Year Level:	House:
Name:	Date of Birth:	Year Level:	House:
Name:	Date of Birth:	Year Level:	House:

HEALTH INFORMATION					
Family Doctor:			Phone no:		
Medical Centre/Surgery:					
Please tick any of the following that apply, give details, including medication, below.					
Asthma (respiratory) – give details below		Diabetes		Infectious diseases	
Back/neck problems		Epi-Pen User		Migraines	
Bee sting allergy		Heart Defects		Serious injury	
Other allergies		Hearing		Sight	
Details of allergies, infectious diseases, medical/physical problems, etc:					
Does your child require Asthma medication Yes / No / Unsure					
Medication required for an Asthma attack (persistent cough, wheeze, shortness of breath: _____)					
<i>Please ensure Asthma medication is taken with student on any school trips.</i>					
Is the student up-to-date with his/her Tetanus immunisation? Yes / No / Unsure					
If the student has HIV/AIDS or another blood-borne virus, we ask that the Principal be informed prior to the student starting at school. This will enable us to work with the student and family to provide the best possible support.					
SPECIAL HOME CIRCUMSTANCES – PASTORAL DETAILS					
Are there any factors that may affect the student's behaviour or learning requirements? Yes / No					
Details:					
SPECIAL EDUCATION					
Please tell us about any special education or Gifted and Talented programme your student has been in.					
Details:					
BUS TRANSPORT					
Will your child be using the school bus? (Please see our website www.tuakaucollege.com for bus route information or contact the school bus controller).				Yes:	
				No:	
				Bus Route:	
DECLARATIONS					
I understand that the school will take action on my behalf in case of sudden illness or injury and I agree to abide by the school policies.					
Signed _____ (Parent/Guardian)					
I give permission for the personal information on this form and on our student database to be used by Tuakau College, the Ministry of Education and the school's health agencies, for educational and statistical purposes within the guidelines set out in the Privacy Act 1993.					
Signed _____ (Student)					
Signed _____ (Parent/Guardian)					