



Tuakau College

ENROLMENT FORM 2009

OFFICE USE ONLY		Start Date: ___ / ___ / 2009	
Received on: ___/___/2009	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>		Name of Parent(s) to whom mail is to be addressed:	
Student's permanent residential address:			
		Town:	
Postcode:		Rapid Response No: <i>(The reflective red on white sign for rural properties)</i>	

OTHER DETAILS

School coming from:	Date of Birth: ___/___/___ Day / Month / Year	Date to start at Tuakau College: ___/___/___ Day / Month / Year
Male / Female	Student's Home Telephone No:	

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>
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PARENT/CAREGIVER(S) DETAILS			
for the 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:	
Mobile phone no:		Mobile phone no:	
Home phone no:		Home phone no:	
Work phone no:		Work phone no:	
Email address:		Email address:	
Occupation: <i>(required by the Ministry of Education)</i>		Occupation: <i>(required by the Ministry of Education)</i>	
Workplace:		Workplace:	
Relationship to student: <i>(circle one)</i> Mother / Father / Step-parent / Legal Guardian		Relationship to student: <i>(circle one)</i> Mother / Father / Step-parent / Legal Guardian	
Access rights: Yes / No	Requires School Reports: Yes / No	Access rights: Yes / No	Requires School Reports: Yes / No
NAME & ADDRESS OF PARENT(S)			
not living at the student's permanent address 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:
Mobile phone no.		Mobile phone no.	
Home phone no.		Home phone no.	
Work phone no.		Work phone no.	
Email address:		Email address:	
Occupation: <i>(required by the Ministry of Education)</i>		Occupation: <i>(required by the Ministry of Education)</i>	
Workplace:		Workplace:	
Relationship to student <i>(circle one)</i> Mother / Father / Step-parent / Legal Guardian		Relationship to student <i>(circle one)</i> Mother / Father / Step-parent / Legal Guardian	
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.	
Address:		Name: Title <i>(circle one)</i> Mr / Mrs / Ms / Miss	
Mobile phone no:	Home phone:	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: Medical Centre/Surgery:	Phone no:
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Please tick any of the following that apply, give details, including medication, below.

Asthma (respiratory) etc.	<input type="checkbox"/>	Diabetes	<input type="checkbox"/>	Infectious diseases	<input type="checkbox"/>	Other medical/ physical problems	<input type="checkbox"/>
Back/neck problems	<input type="checkbox"/>	Epi-Pen User	<input type="checkbox"/>	Migraines	<input type="checkbox"/>		<input type="checkbox"/>
Bee sting allergy	<input type="checkbox"/>	Heart Defects	<input type="checkbox"/>	Serious injury	<input type="checkbox"/>		<input type="checkbox"/>
Other allergies	<input type="checkbox"/>	Hearing	<input type="checkbox"/>	Sight	<input type="checkbox"/>		<input type="checkbox"/>

Details of allergies, infectious diseases, medical/physical problems, etc:

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

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.tuakau.school.net.nz for bus route information or contact the school bus controller).	Yes:	<input type="checkbox"/>	No:	<input type="checkbox"/>
	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 to be used by Tuakau College for educational and statistical purposes within the guidelines set out in the Privacy Act 1993.

Signed _____ (Student)

Signed _____ (Parent/Guardian)