



TAUPO NUI A TIA COLLEGE ENROLMENT FORM

Please fill both sides of this form and return to the school with copies of the most recent school report, birth certificate and passport if born outside New Zealand

Tutor	House	Fees	Enrol	Records	ID Type
Subjects					

Office Use

STUDENT DETAILS

Family Name (as per Birth Certificate):..... MALE / FEMALE

First Names (as per Birth Certificate):.....
(Underline preferred name)

Date of Birth..... Year Level..... Date of entry.....

Home Phone..... New Zealand Citizen YES / NO (please circle)

Physical Address..... Ethnicity:.....

..... Main Language spoken at home.....

..... If Maori, Iwi

Postal Address (if different from above).....

..... Previous School

..... Room

Names of siblings currently/previously enrolled at TNT Do you live in the school zone YES/NO

Has your child had any discipline issues at any school in the past (please give details)

Learning disorder (please specify).....

Learning support request

Sports/Cultural Interests

AGREEMENT

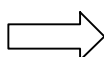
I give consent for this school to gain relevant information about this student from previous schools and to give information to other schools, if requested.

I agree that my child will obey the rules of the School and by laws of the Board of Trustees; that attendance will be regular and any absences explained; that regulation uniform will be worn and that charges levied by the Board of Trustees will be paid

Caregiver Signature..... Teacher Signature.....

I agree with these conditions: Student Signature Date/...../.....

FURTHER QUESTIONS OVERLEAF



CAREGIVERS

Mail will be sent to the main residence unless indicated otherwise. People listed will have access to your child and may be contacted if necessary.

	Main Residence	
	Caregiver 1	Caregiver 2
Title		
Family name		
First Name		
Relationship to student		
Phone Home		
Mobile		
Email Address		
Fax No.		
Address if different than student		
Occupation		
Work Phone		
Work address		

	Emergency Contacts	
Title		
Family name		
First Name		
Relationship to student		
Phone Home		
Mobile		
Email Address		
Fax No.		
Address		
Work Phone		

Name of Doctor..... Name of Dentist.....

Medical problems/Allergies.....

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Medication required while at school.....

Permission to give Panadol YES / NO