

HOUSE		
TUTOR		
Office Use Only	Enrolment No	
	Fees Applied	
	Enrolment Record	
	T/Table	

STUDENT ENROLMENT FORM

(Deans Only)

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STUDENT'S SURNAME (Block letters) **FIRST NAMES** (Underline preferred name)

MALE / FEMALE **DATE OF ENTRY**

DATE OF BIRTH **PREVIOUS SCHOOL**

ETHNIC ORIGIN Pakeha / European
 (Please circle)

Maori Iwi Affiliation **ROOM No**

Polynesian }
 Asian }
 Other } (Country of Origin)

DETAILS OF PRESENT CAREGIVERS:

1. NAME **RELATIONSHIP TO STUDENT**
 (Mother, Father, Grandparent, Aunt etc)

POSTAL ADDRESS **HOME PHONE NO**

..... **WORK PHONE NO**

HOME ADDRESS **OCCUPATION**

(If different from above) **WORKPLACE**

..... **WORKPLACE**

(Rural address must include rapid numbers)

EMAIL ADDRESS

2. NAME **WORK PHONE NO:**

RELATIONSHIP TO STUDENT **OCCUPATION:**

..... **WORKPLACE:**

EMERGENCY CONTACT (OTHER THAN ABOVE)

NAME **RELATIONSHIP TO STUDENT**

ADDRESS **PHONE NO:**

DETAILS OF ANY PARENT NOT A PRESENT CAREGIVER:

FULL NAME: **Relationship to Student:**

ADDRESS: **PHONE NO:**

OCCUPATION: **Does this Parent have access to the Student?** YES / NO

SPECIAL INFORMATION:

Main Language Spoken at Home
Does your child have any learning difficulties?
Have they received any SES funding?.....
Names of Brothers/Sisters at the College.....
Exceptional Abilities
Sports/Cultural Interests
Have there been any discipline problems at previous schools? (Please give details).....
.....

MEDICAL / HEALTH INFORMATION:

DOCTOR: DENTIST:
Medical Problems:
Medication Taken at College:
It is important that **Emergency Medication** for the Student, is held in the College Office (ie Asthma Inhaler or prescribed medication)
We understand that Taupo-nui-a-Tia College is not responsible for any immediate effects of prescribed medication, or effects that may become apparent in the future.
We give the College permission to dispense PANADOL when necessary: YES / NO
Is there any other special information that the College should know about this student in order that their welfare may be catered for in an appropriate manner?
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AGREEMENT:

I agree that my child will at all times be subject to general discipline, rules of the College and by-laws of the Board of Trustees; that attendance will be regular; that the regulation uniform will be worn and that charges levied by the Board of Trustees will be paid.
Parent's Signature
(Parents are asked to sign when enrolling their son/daughter at the College.)
Teacher's Signature Date/...../.....

PRIVACY ACT:

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