



# Taihape Area School

Step Forward Together to Nurture Our Potential

Te Ahikā o Mōkai Pātea - Mauri Ora!

## Taihape Area School Enrolment Form

### *Te Kura Tuarua o Taihape Area School Puka Whakauru*

*Please complete all sections of this form*

#### Student Details/*Ngā Taipitopito Ākonga*

Legal First Name(s) / *Ngā ingoa tuatahi*:

Legal Last Name / *Ingoa whānau*:

Preferred Name(s) (if different):

Date of Birth / *Tuhia mai tō rā whānau*: \_\_\_\_/\_\_\_\_/\_\_\_\_

Gender / *Tuakiri ā-ira*:

Pronouns (eg they/them; he/his; she/her):

Student will be starting at year level (please circle one):      9      10      11      12      13

Start Date / *Rā tīmata*:    ☐ Start of Year      ☐ Other (please specify)

Student Mobile Number / *Tau waea pūkoro*:

Names of family members who attend/attended Taihape Area School:

House they are/were in:    ☐ Maunga Rongo      ☐ Rākau Taonga      ☐ Manu Huia      ☐ Awa Rua

Which Ethnic Group do you belong to? *Nō tēhea, ēhea mātāwaka koe?* :

☐ NZ European / *Pākehā*

☐ Māori (Iwi and Region if known; up to 3 may be used)

Iwi:

Region / *Rohe*:

Iwi:

Region / *Rohe*:

Iwi:

Region / *Rohe*:

☐ Pacific Island / *Pasifika*

Please specify / *Tuhia mai*:

☐ Other / *(t)ētahi atu iwi*

Please specify / *Tuhia mai*:

1st Language spoken / *Reo tuatahi*:

2nd Language Spoken / *Reo tuatahi*:

## Confirmation of Residency / *Raraunga Aotearoa*

Have you previously attended a New Zealand School?

☐ Yes ☐ No

Previous School before coming to Taihape Area School:

**All students need to supply the school with evidence of citizenship and eligibility to enrol in a New Zealand school. For New Zealand citizens this is a birth certificate or passport, for non-citizens it is passport plus visa details.**

Are you a New Zealand citizen:

☐ Yes ☐ No

☐ Copy of birth certificate / passport attached

Country of Citizenship (if not NZ):

☐ Copy of student / residency visa attached

## Primary Caregiver/Parent Details / *Ngā Mātua*

*This is the adult(s) who assume the most responsibility in caring for the health and wellbeing of the student*

Full name of caregiver 1:

Full name of caregiver 2:

Relationship to student:

Relationship to student:

Home Phone:

Home Phone:

Mobile:

Mobile:

Email:

Email:

Workplace:

Workplace:

Work Phone:

Work Phone:

Residential Address / *Wahi noho*:

Postal Address (if different) / *Wahi poho*:

Number / Street:

Number / Street:

Suburb:

RD Number:

Town and Postcode:

Town and Postcode:

## Secondary Caregiver Details / *Ngā Mātua Tuarua*

*Secondary residence - if applicable*

Full name of caregiver 1:

Full name of caregiver 2:

Relationship to student:

Relationship to student:

Home Phone:

Home Phone:

Mobile:

Mobile:

Email:

Email:

Workplace:

Workplace:

Work Phone:

Work Phone:

Residential Address / *Wahi noho*:

Postal Address (if different) / *Wahi poho*:

Number / Street:

Number / Street:

Suburb:

RD Number:

Town and Postcode:

Town and Postcode::

## Emergency Contact / *Hei Matua Ohotata*

(This should be a different person to the caregivers named above)

Full Name:

Relationship to Student:

Home Phone:

Mobile:

## Health and Medical / *Hauora -Rongoa*

Doctor/Medical Centre where enrolled:

Dentist where enrolled:

**Medical Treatment:** Parents/caregivers enrolling a child at Taihape Area School give permission for their child to receive first aid by staff with first aid training. A register is kept of medication and treatment given.

**Medication:** Do you give permission for Taihape Area School to give the following to your child without contacting you first? ☐ Paracetamol ☐ Antihistamine (Cetirizine Hydrochloride)

**Medical Conditions and Allergies:** Please list any medical issues of which the school should be aware, including if you require Taihape Area School to hold and/or administer medication for your child.

Condition (eg asthma, allergies including food)	Treatment (eg carries own inhaler)

**Special circumstances / Information:** Please tell us if your child has any special circumstances we need to know about - eg vision or hearing problems, mental health concerns learning difficulties, family circumstances, etc - so that we can be aware of these:

## Medical Consent

☐ I agree that if prescribed medication needs to be administered, a designated adult will be assigned to do this. I will ensure that prescribed medication is clearly labelled, securely fastened and handed to the designated adult with instructions on its administration.

☐ In the event of my child falling ill or suffering an accident while attending school or an associated activity (i.e. sport or camp/trip) I authorise the school first-aider or teacher in charge to provide first aid when it is required and to inform me as soon as possible

## Permission to Publish

Occasionally the school takes photographs, videos and sound bites of students to record teaching and learning activities. These are used to reflect on learning and for the school communication modes ie: newsletter, facebook or school website. Our Public Sharing of Personal Information and Recording of Photos, Videos and Sound Policies ensure we record and share photos, videos and sound in a safe and respectful way.

☐ I agree that any photos, videos and/ or sound recordings of my child can be used for publication.

## CCTV Footage

Promoting a safe learning environment is important to us at Taihape Area School. CCTV footage is used when necessary to identify both issues and people to ensure the safety of students, staff and care of property.

☐ I agree that any photos, videos and/ or sound recordings of my child can be used for publication.

*Whanaungatanga*

*Manaakitanga*

*Rangatiratanga*

*Wairuatanga*

