

# Enrolment at Tokomairiro High School



## A: Particulars of Student

Date of Entry

Leaving Date

 Year 7 Year 8 Year 9 Year 10 Year 11 Year 12 Year 13

Surname

Date of Birth

First Names

Preferred Name

Sex:

Male

Female

Address

*(Please include street number or rapid number)*

Home Phone

Student Cellphone

Nationality

e.g. New Zealander

First Language

*A copy of full birth certificate has been provided (optional)*

School last attended

Certificate Enclosed

Yes

No

## B: Primary Caregivers

The person(s) who is/are primarily responsible for the student

Surname

First Names

Title

Address

Home Phone

Work Phone

Cellphone

Email

Relationship to Student

Occupation

Surname

First Names

Title

Address

Home Phone

Work Phone

Cellphone

Email

Relationship to Student

Occupation

Mail to whom

Are there any specific access/custody orders that the school should be aware of?

Yes

No

Details

## C: Secondary Caregiver

Surname

First Names

Title

Address

Home Phone

Work Phone

Cellphone

Email

Relationship to Student

Occupation

## D: Emergency Contact

Contact who can be telephoned when parent/caregiver cannot be reached

Surname

First Names

Address

Relationship to Student

Home Phone

Work Phone

Mobile Phone

## E: Medical

Please record details of any medication/condition (allergies, disabilities, special medication etc)

Doctor's Name

Consent for treatment of minor ailments e.g. Panadol

Yes

No

## F: Cultural Ethnicity

Māori\*

\*Iwi affiliation Maximum of three

\*1

\*2

\*3

NZ European

Other

e.g. Samoan

Citizen of NZ

Yes

No

If not, name country of birth (Provide copy of passport)

Student Permit

Yes

No

## G: Further Information

- Names of siblings presently attending Tokomairiro High School

- Is parent/caregiver an Ex-pupil of Tokomairiro HS?

Yes

No

Years Attended

Under what name?

Parent/caregiver House when at Tokomairiro HS

House preference for student

- Will you be travelling by bus to school?

Yes

No

- Do you require a duplicate copy of reports to a parent at a different address

Yes

No

## H: Declaration

- I undertake to see that my daughter/son obeys the school regulations regarding standards of behaviour and appearance

Signature

- I give permission for the school to display or use work or photographs of my son/daughter in connection with matters relating to Tokomairiro High School

Signature

Contact details on this form are required by law to be forwarded to the Ministry of Social Development. This is so at risk young people can be identified and offered support by organizations contracted to help re-engage young people in education or training when they leave school. The information will not be used for any other purpose.

Primary Caregiver

Signature

Primary Caregiver

Signature

