



TARARUA COLLEGE

ENROLMENT FORM 2018

Churchill Street
 PO Box 94
 PAHIATUA 4941
 Phone: (06) 376 8344
 Email:
 admin@tararuacollege.school.nz

STUDENT DETAILS	
Legal Surname: (name on birth certificate or passport)	Legal First Name: (name on birth certificate or passport)
Middle Name(s)	Date of Birth: dd/mm/yyyy / /
Gender: M F Other	
<i>(Office use only)</i> Status: <input type="checkbox"/> Pre-enrolment <input type="checkbox"/> Full time <input type="checkbox"/> Part time Enrolment No. 18/	
Names of siblings already attending this school:	
Names of siblings intending to attend this college:	
Year level now:	Name: DOB:
Year level now:	Name: DOB:
Physical Address: (include postcode)	
Home Phone:	Student Cellphone:
Student Email:	
Previous School:	
Ethnicity: <i>May tick more than one.</i>	
NZ European <input type="checkbox"/> NZ Maori <input type="checkbox"/> <i>If NZ Maori state Iwi</i>	
Pacifica <input type="checkbox"/> <i>Please state:</i> Asian <input type="checkbox"/> <i>Please state:</i>	
Other: <i>Please state:</i>	
MAIN CAREGIVER DETAILS	
<i>(i.e. the person /s who live at the student's address and is / are officially responsible for the student)</i>	
(1) Title: <i>(circle one)</i> Mr / Mrs / Miss / Ms /	(2) Title: <i>(circle one)</i> Mr / Mrs / Miss / Ms
Family Name: <i>(surname)</i>	Family Name: <i>(surname)</i>
First Name:	First Name:
Relationship to student:	Relationship to student:
Address:	Address:
Postcode:	Postcode:
Phone: Home: Work: Cellphone:	Phone: Home: Work: Cellphone:
Email Address: (necessary for School-links, reports, bulletins, accounts, etc) @	Email Address: (necessary for School-links, reports, bulletins, accounts, etc) @
Occupation:	Occupation:
Invoices <input type="checkbox"/> Reports <input type="checkbox"/> Voting rights <input type="checkbox"/> Emergency <input type="checkbox"/> Legal Guardian <input type="checkbox"/>	Invoices <input type="checkbox"/> Reports <input type="checkbox"/> Voting rights <input type="checkbox"/> Emergency <input type="checkbox"/> Legal Guardian <input type="checkbox"/>

MEDICAL / EMERGENCY CONTACT:

Give the name of another person who can be contacted in the event of illness or injury if the above caregiver(s) are not available.

Name: Relationship to student:

Home Phone: Work Phone: Cellphone:

OTHER INTERESTED PARTIES: - e.g. CYFS

Relationship to Student:

Are there any specific access / custody orders that the school should be aware of? Yes / No

If yes, please explain and provide copies of necessary documentation.

Accordingly, is there another parent or interested person who requires copies of reports for this student? Yes / No

Name:

Email (preferred) or Postal Address:

@

STUDENT HEALTH INFORMATION

In the event of illness or emergency first aid staff will assess the situation and take appropriate measures. For some minor ailments, caregivers will be contacted and asked to take their child home. In serious situations, your child may be transferred to local medical services which **MAY** incur a cost to you. In emergency situations, action may need to be taken without prior consultation with caregivers.

Doctor/Medical Centre:

Dentist:

Contact details:

Contact details:

Does the student suffer from any of the following: *(please circle)*

Asthma Epilepsy Diabetes Allergies *(please specify)*.....

In the event of an episode involving any of the above, what medication or assistance may be required?

Is there any **other** medical / health condition or disability that the college should be aware of?
e.g. Hearing, vision, speech:

If so, what medication or care may be required?

Is the student taking any on-going medication? Yes / No *If yes please specify medication*.....

If so, is there a requirement for the school to be involved with safekeeping / dispensing?

COLLEGE HOUSE AFFILIATION: (circle one) Kowhai Matai Rimu Totara

GENERAL:

Has the student ever been declined enrolment or excluded from another school? Yes / No

If yes, please give details or attach documents:

Has student had: Teacher Aide/ RTLIT/ RTLB? Yes / No If yes give details

Has student had: CYFS/GSE/CAF involvement? Yes / No If yes give details

AGREEMENT: In signing this enrolment form: I/we	
Accept and will abide by the school's rules in relation to conduct and uniform	
Accept the school's policy concerning alcohol and drugs, and that aerosol cans must not be brought to school.	
Are aware of the costs of all activities and I/we undertake to pay these costs before the activity takes place, unless I have made arrangements with the College. Agree to pay for all items for which the student is responsible and accountable. This includes damage or disfigurement of school property or text books.	
Give permission, in the case of an accident requiring hospital or medical attention, for a staff member to transport this student to a Public Hospital or medical centre, or for an ambulance to be called.	
Give permission to use this recorded information on this student for educational purposes as long as this student is not identified, if the information is published.	
Give permission for this student's work to be published in school publications, newspapers, school website and the school's official social media pages.	
Give permission for photos of this student to appear in school publications, newspapers and the school's website and Social Media pages.	
Agree to abide by the school's rules in relation to the use of cellphones and other electronic equipment, and that we are aware the school will not be responsible for the safety of the student's valuable pieces of equipment.	
Accept the school's right to discipline students for unacceptable behaviour committed on their way to school and while returning home, while in school uniform.	
Accept that students attending or participating in any school activity outside normal school hours are bound by the school rules, e.g. trips, weekend, evening sporting or cultural fixtures and the like.	
Accept that if our son/daughter is not attending school, we will contact the school office by 8.45am and that if we do not, a text message may be sent to me regarding this absence.	
Will ensure that the student will attend punctually and will not be absent without leave, except in cases of emergency or illness.	
Agree to liaise with the school on all matters affecting the welfare of the student.	
IMPORTANT NOTE: <i>Address and phone number details are collected at the time of enrolment and during the student's time at school, so that the school can contact the parent or student as necessary. These contact details may also be passed on to the Ministry of Education and the Ministry of Social Development (MSD). This is so young people who may have difficulty finding future employment; training or further education can be identified and offered support by organisations contracted by MSD to help re-engage young people in education or training when they leave school.</i>	
Parent/Caregiver 1:	Parent/Caregiver 2:
(Print name).....	(Print name)
Signature of Parent/Caregiver 1:	Signature of Parent/Caregiver 2:
.....
Student:	
(print name)	
Signature of Student:	

Parent/Caregiver checklist				
Documents included with this enrolment	Yes	No	N/A	Comment
Birth certificate/certified current Passport				
Cultural & Sports Contract				
Authenticity Form				
Cyber Safety Agreement				
Uniform Details/process				
Locker Request				
Automatic Payment form				
Bus form				
Senior Student permission to drive to school				

FOR OFFICE USE ONLY:

Course Selection

	Seniors
1	
2	
3	
4	
5	
6	
	Year 10 Options
1	
2	
3	

Enrolment Number	18/
Computer update/kamar	
ENROL	
Birth Certificate/Passport	
Cultural & Sports Contract	
Authenticity	
Cyber Safety Agreement	
Uniform Process/Details	
Locker Request	
DP/Dean notified	
Bus Run	
Mentor Class	
School-links	
Auto Payer	
House	
Drive to School Permission (only if applicable)	