

## Tauhoa School

### Application for Enrolment

PUPIL INFORMATION	
LEGAL SURNAME	LEGAL FIRST NAME/S
PREFERRED FIRST NAME: PREFERRED SURNAME:	LIVING WITH
D.O.B.	MALE / FEMALE
COUNTRY OF BIRTH	DATE OF ENTRY TO NZ
ETHNIC GROUP	IWI
HOME PHONE NUMBER	EMAIL
PREVIOUS SCHOOL ATTENDED	CURRENT SCHOOL LEVEL
STARTING DATE AT TAUHOA	SUPPORT SERVICES
SIBLINGS AT TAUHOA 1.    DOB 2.    DOB	OTHER SIBLINGS TO COME TO TAUHOA 1.    DOB 2.    DOB
SPECIAL LEARNING NEEDS;	
SPORTING, CULTURAL, MUSIC INTERESTS	

MEDICAL INFORMATION	
FAMILY DOCTOR	PHONE NUMBER
KNOWN ALLERGIES	MEDICATION
HEALTH NEEDS ASTHMA YES/NO                          SIGHT                          SPEECH                          HEARING	

PARENT INFORMATION	
MOTHER'S NAME	OCCUPATION
ADDRESS	
HOME PHONE	MOBILE PH
PLACE OF EMPLOYMENT	CONTACT NUMBER
FATHER'S NAME	OCCUPATION
PLACE OF EMPLOYMENT	CONTACT NUMBER
ADDRESS	
HOME PHONE	MOBILE PH
EMAIL ADDRESS(ES)	

EMERGENCY CONTACTS( OTHER THAN PARENTS)	
NAME	NAME
RELATIONSHIP TO STUDENT	RELATIONSHIP TO STUDENT
ADDRESS	ADDRESS
HOME PH	HOME PH
MOBILE PH	MOBILE PH
WORK PH	WORK PH

PERMISSIONS:

- I give authority to the Principal/School to act on my behalf in any medical emergency and that any costs incurred will be at my expense.
- I give permission for my child to be included in photos, videos and to have his/her work published on our school website, schools newsletter or other promotional activities.
- I will do my up most to ensure that my child attends all approved educational visits and trips including sports visits and special events.
- I give permission for the school to request extra help from Special Education Services and Resource Teachers of Learning and Behaviour. I understand I will be informed if extra help is needed for my child.
- Information given on this form is true and correct. I understand that the information provided may be used for school based activities and be passed to other agencies who work with the school for educational/health purposes. I understand my child's records will be passed to subsequent schools.

I AGREE TO:

- Work actively and cooperatively to uphold the image of the school
- Act in accordance with the School's Charter, and School Rules
- I agree to abide by all Board of Trustees Policies.
- Ensure that myself and any person(s) in relation to my child on Tauhoa School grounds will meet the requirements of the school's Health & Safety Policy and Guidelines as outlined on the Tauhoa School website.
- Ensure that myself and any person(s) visiting Tauhoa School for longer than 20 minutes between 8-45am and 2-15pm will sign in and out on the visitor's register located in the school office.

**I understand that I may withdraw my permission in writing at any time for any of the above.**

**I understand that any information provided on my child will be used to assist him/her and will be used according to the Provisions of the Privacy Act 1993.**

*I declare that all information in this enrolment form to be accurate.*

Signed..... (Mother/Father/Caregiver)

Date .....

If a caregiver other than a parent, please state your relationship to the child being enrolled.  
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(If you are not the child's parent completing this form, please provide an authority from the parent for this enrolment)