

Name of Pupil's Doctor: _____ Phone: _____

Vaccinations: NOT Vaccinated FULLY Vaccinated **VAC Certi Required**

Panadol Allowed: Yes / No (please circle)

Medical conditions: _____

(This information is held on your child's file to assist in the case of an emergency)

ETHNIC GROUP:

IWI: If the student is of New Zealand Māori descent, please enter the name(s) of their Iwi.

1. _____ 2. _____ 3. _____ Don't Know

Language: Does your child speak another language? Language _____

1. No 2 A little 3 Yes (please circle)

If so – How often will your child hear this language?

1 Not at all 2 Seldom 3 Often 4 Regularly

Bus Route: If travelling by school bus, TICK the bus your student will use:

Beach/ Pios/ Athenree Whangamata/Golden Valley Waikino/ Waitawheta

Beach (North End) Beach (Wilson Rd) Waimata/ Waitawheta

The information on this form is collected and use by the school in educating your child, and for associated school activities. It is available to all staff of the School and to members of the Board of Trustee. Please advise the school if you have any concerns about disclosure of any information within the school.

The school is sometimes obliged by law to give information to Government Departments (e.g. the Ministry of Education, and the Ministry of Health) but except for contact details explained below your information will not otherwise be disclosed without your authorisation.

Address and phone number details are collected at 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 the 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 future 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.

You have the right to request access and to request correction of information held about you by the school. We would be grateful if you could contact the school office if any details need to be changed, especially contact details.

Do you agree to your contact details being passed to the Parent Teacher Association (PTA) for social and fundraising activities within the school? (please circle) **Yes / No**

Parents or Guardian's Undertaking: (Please read the College Prospectus before you sign.)

I agree that my son/dughter's ID photo and any photos taken of the during school activities may be used for school records and/or promotional reasons. Please advise the school if you have any concerns about publication of your child's photos.

I give permission for my son/daughter to participate in out of class activities within walking distance of the College. These activities will be supervised by school staff.

I undertake to observe the rules and regulations in the Student Handbook in so far as they affect me,, and to support the College in seeing that my son/daughter also observes them. I understand that the schools fees are donations and as such are not compulsory. However, I will do my best to pay them in the interest of my child's education.

Signatur of Mother / Caregiver _____ **Date:** _____

Signature of Father / Caregiver _____ **Date:** _____