

## **WAIHI COLLEGE ENROLMENT FORM**

NOSTRA										
Legal Last Name:		Legal First Name(s):								
Pref. Last Name:					Pref. First Name:					
Date of Birth: (Copy of birth certificate/passport (including Visa)					Male / Female					
Previous School:										
I authorise Waihi	College t	to ask m	/ child's p	revious so	chool for a	any relevant s	chool record	S.		
Year Level:	S	tart Date	e://20	2	Office: (	Class:	Office: LA	\G:		
The following information is collected for the purpose of contacting parents/caregivers should the need arise. It is also collected for the purpose of forwarding school reports and other school notices.										
MOTHER:					FATHER:					
Address:					Address:					
Phones: Home:  Work:  Cell:  Email:  Occupation:					Phones: Home:  Work:  Cell:  Email:  Occupation:					
Student living with			Student living with? Yes / No							
Custody Order: Parenting, Protection & Access Copy Required: For your child's file  Order in place: YES / NO Copy Attached: YES / NO										
CAREGIVER / STEP PARENT (Circle):					EMERGENCY CONTACT (Local):					
NAME:					NAME:					
Address:		Address:								
Phones: Home:  Work:  Cell:  Email:  Occupation:  Student living with? Yes / No					Phones: Home:  Work:  Cell:  Relationship:  (to student)					
STUDENT'S CELL:					STUDENT'S Home Email:					
SIBLINGS at Waihi College: HOUSE: Amaranth / Dominion / Empire / Royal										
REQUIRED:	Birth (	Certifica	te or Pas	sport / Vi	sa: Co	p(ies) attach	ed			
NSN NUMBER	SMS	ENROL	HOUSE	FEES		ENROLMENT BOOK	STUDENT CENTRE/	EXAMS		

Name of Pupil's Doctor:		Phone:						
Vaccinations: NOT Vac	cinated FULL	Y Vaccinated	VAC Certi Required					
Panadol Allowed: Yes / N	o (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 lwi.								
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 1 Not at all 2	child hear this language Seldom <b>3</b> Oft		Regularly					
Bus Route: If travelling by school bus, TICK the bus your student will use:								
Beach/ Pios/ Athenree	Whangamata/Golden Valle	_						
Beach (North End)	Beach (Wilson Rd)	Waimata/ Wait	awheta					
The information on this form is collected and use by the school in educating your child, and for assoiciated 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 withou 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.								
within the school? (please circle)	Yes / No		on (PTA) for social and fundraising activites					
Parents or Guardian's Ur	ndertaking: (Please re	ad the College Pr	ospectus 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 Signature of Father / Caregive								