

## **ENROLMENT FORM**

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 to ask my child's previous school for any relevant school records.									
Year Level:	S	tart Date	e://20	)2	Office: (	Class:	Office: Al	(O:	
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:				
Dharan Hann									
Phones: Home:					Phones: Home:				
Cell:					Cell:				
					Email: Occupation:				
Occupation:				•	Occ	ираноп			
Student living with? Yes / No					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:					Phones: Home:  Work:  Cell:  Relationship:  (to student)				
•					(to stude	;;;()			
Student living with? Yes / No									
STUDENT'S CELL:					STUDENT'S Home Email:				
SIBLINGS at Waihi College:					HOUSE	: Amaranth / [	Dominion / En	npire / Royal	
REQUIRED:	Birth (	Certifica	te or Pass	sport / Vi	sa: Co	p(ies) attach			
NSN NUMBER	SMS	ENROL	HOUSE	FEES		ENROLMENT BOOK	STUDENT CENTRE/ LIBRARY	EXAMS	

Name of Pupil's Doctor: Phone:	_
Vaccinations: NOT Vaccinated FULLY Vaccinated VAC Certi Required	
Allowed:(please circle) Panadol: Yes / No Ibuprofen: Yes / No Antihistamine: Yes / I	No
Medical conditions:	
(This information is held on your child's file to assist in the case of an emergen	cy)
Food Requirements: Vegetraian Vegan Dairy Free Gluten Free Other	
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)	
Bus Route: If travelling by school bus, Circle 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 assoiciated school It is available to all staff of the School and to members of the Board of Trustee. Please advise the school if you 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 Educ the Ministry of Health) but except for contact details explained below your information will not otherwise be disclos your authorisation.	
Address and phone number details are collected at time of enrolment and during the student's time at school school can contact the parent or student as necessary. These contact details may also be passed on the the Education and the Ministry of Social development (MSD). This is so young people who may have difficulty find employment; training or future education can be identified and offered support by organisations contracted by MS re-engage young people in education or training when they leave school.	Ministry of ding future
You have the right to request access and to request correction of information held about you by the school. We grateful if you could contact the school office if any details need to be changed, especially contact details.	would be
Do you agree to your contact details being passed to the Parent Teacher Association (PTA) for social and fundraisin within the school? (please circle) <b>Yes / No</b>	ıg activites
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 and/or promotional reasons. Please advise the school if you have any concerns about publication of your child's pl	
I give permission for my son/daughter to participate in out of class activities within walking distance of the College. activities will be supervised by school staff.	These
I undertake to observe the rules and regulations in the Student Handbook in so far as they affect me,, and to supple College in seeing that my son/daughter also observes them. I understand that the schools fees are donations and are not compulsory. However, I will do my best to pay them in the interest of my child's education. All fees associate sport participation need to be paid before particating again the following year.	as such
Signature of Mother / Caregiver Date: Date:	
Orginatary of Father Control C	-