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**Te Kāreti o Whangaroa College**

**Welcome to Whangaroa College**

**Enrolment Form / Pānui Kia Whakakī**

**2023**

|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Documentation required at enrolment time:** | Student’s birth  Certificate? Y/N | When the student is being enrolled by **Care-givers or Guardians (not parents):** You must provide legal documentation or a verified document witnessed by a Justice of the Peace confirming the right to enrol the student at Whangaroa College.  YES / NO / NOT APPLICABLE | | | | | | | | | | |
| Vaccination Records? Y/N |
| **STUDENT DETAILS** | | | | | | | | | | | | |
| Legal Last Name: | | | | | | | | | Preferred Last Name (if different): | | | |
| First Name: | | | | | | | | | Middle Name(s): | | | |
| Name they would like to be known as at this school: | | | | | | | | | | | | |
| Date of Birth: | | | | Country of Birth: | | | | | | | | Gender: |
| Ethnic background: | | | | | | | Citizenship: | | | | | |
| Iwi: | | | | | | | First language in the home: | | | | | |
| **ADDRESS DETAILS** | | | | | | | | | | | | |
| Residential Address: | | | | | | | | | Postal Address: (Eg PO Box, RD Number) | | | |
| Primary Caregiver Email address: | | | | | | | | | | | | |
| **SCHOOL DETAILS** | | | | | | | | | | | | |
| Last school attended: | | | | | | | | | Year level in 2023: | | School report attached?  Y/N | |
| Names of other siblings at college: | | | | | | | | | | | | |
| Names of any special friends at college: | | | | | | | | | | | | |
| **PARENT / CAREGIVER DETAILS** | | | | | | | | | | | | |
| **Caregiver 1** | | | | | | | | | | | | |
| Relationship to student: | | | | | | | | | | | | |
| First Name: | | | | | | | | Last Name: | | | | |
| Solo Parent? YES / NO | | | | | | | | Living with child? YES / NO | | | | |
| Address (if different to student’s address): | | | | | | | | | | | | |
| Cell Phone: | | | Home Phone: | | | | | | | Work Phone: | | |
| Email Address: | | | | | | | | | | | | |
| Occupation: | | | | | Work Place: | | | | | | | |
| **Caregiver’s signature** | | | | | | | | | | | | |
| **Caregiver 2** | | | | | | | | | | | | |
| Relationship to student: | | | | | | | | | | | | |
| First Name: | | | | | | | | Last Name: | | | | |
| Solo Parent? YES / NO | | | | | | | | Living with Child? YES / NO | | | | |
| Address (if different to student’s address): | | | | | | | | | | | | |
| Cell Phone: | | | Home Phone: | | | | | | | Work Phone: | | |
| Email Address: | | | | | | | | | | | | |
| Occupation: | | | | | | | | Work Place: | | | | |
| **Caregiver’s Signature** | | | | | | | | | | | | |
| **✓ Please tick the postal address that you would like reports sent to.** | | | | | | | | | | | | |
| **Emergency Contact – In addition to the Parent or Caregiver (MUST BE COMPLETED IN FULL)** | | | | | | | | | | | | |
| Relationship to the student: | | | | | | | | | | | | |
| First Name: | | | | | | Surname; | | | | | | |
| Home Phone: | | Work Phone: | | | | | | | | Cell Phone: | | |
| Address: | | | | | | | | | | | | |
| **Bus run your student will use: (Tick the correct run)** | | | | | | | | | | | | |
| Waiare / Huia | | | | | | | | | Pupuke | | | |
| Matauri Bay | | | | | | | | | Totara North | | | |
| Omaunu | | | | | | | | | Wainui / Whangaroa | | | |
| Otangaroa | | | | | | | | | Walk to school | | | |
| **Medical, Health and Other Information** | | | | | | | | | | | | |
| Doctor: | | | | | | | | | Dentist: | | | |
| Food Allergies: (Especially important as we provide school lunches. Please be specific.) | | | | | | | | | | | | |
| Allergies: (Other) | | | | | | | | | | | | |
| Panadol allowed? Yes / No | | | | | | | | | Medication to be kept at school: | | | |
| Disabilities or health issues: | | | | | | | | | Asthma? Yes / No | | | |
| Any other agencies working with student: | | | | | | | | | | | | |
| Are there any current access restrictions imposed by the courts?  Yes / No  Details Attached | | | | | | | | | Is Youth Justice involved with your child?  Yes / No  Details Attached | | | |
| Please note anything else we need to know about your student: | | | | | | | | | | | | |
| **In the event your child needs to learn from home: (Circle those that apply)**  We have access to the internet at home: Yes No Sometimes/Poor quality  We have access to a device at home: Chromebook Laptop Desktop Phone | | | | | | | | | | | | |

I give permission for the following:

* For the College to contact the previous school of my child and any other agencies involved with him/her for any information considered necessary.
* For my child’s name, written work or photograph to be published in school newsletters, school publications, on the school web pages or in any other publication in connection with the promoting of a positive profile for Whangaroa College.
* For my child’s name to be on work submitted for external moderation purposes.
* For the Resource Teachers of Learning and Behaviour to assess my child’s current learning needs and attainment levels for the purpose of being able to plan and develop specific educational plans should the College have any concerns regarding the progress of my child at this school.
* I understand that students who deliberately damage school property will be required to pay all costs relating to the replacement of any item.
* I will ensure that my child wears the correct school uniform with pride at all times
* I will ensure my child follows the school rules at all times, both in the classroom setting and around the school grounds, and also when away from the school representing Whangaroa College.

**Signed:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Parent/Caregiver**

**For College use only**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Task** | **Person to complete task** | **Initialled** | **Date completed** | **Comment** |
| Interview with Principal | Principal |  |  |  |
| Enrolled by | Office Staff |  |  |  |
| Original birth certificate sighted | Office staff |  |  |  |
| Birth certificate certified copy filed | Office Staff |  |  |  |
| Previous school report copied | Office staff |  |  |  |
| Interview with Director of Student Well-being includes the gathering of sensitive medical, mental health, educational or personal information not shared on the enrolment form. | DWB |  |  |  |
| Previous school information consulted | DWB |  |  |  |
| Enrolment form read and pastoral and educational information noted | DSE, DTL |  |  |  |
| All external agencies have been  Contacted and all related data collected and stored for reference | DWB |  |  |  |
| Enrolment approved / not approved by the Principal following consultation with the Director of Student Well-being. | Principal |  |  |  |
| Photo taken | Data Manager |  |  |  |
| Subjects set | DTL |  |  |  |
| Student Expectations | DSE |  |  |  |
| Entered in ENROL on line | Office staff |  |  |  |
| Entered in PC School | Office staff |  |  |  |
| Student Enrolment Number | Office staff |  |  |  |
| Timetabled | Office Staff |  |  |  |
| AsTTle set up |  |  |  |  |
| School network logon completed | New Era IT |  |  |  |
| Student folder made and enrolment documentation filed | Office staff |  |  |  |
| Student issued with an orientation package, a tour of the school and introduced to the whanau teacher | DWB |  |  |  |