

TANGAROA COLLEGE



PLEASE PROVIDE THE FOLLOWING WITH YOUR COMPLETED FORM	CHECKLIST
Student Enrolment Application.	
Proof of Residence i.e. Phone Bill, Power bill, Sale and Purchase agreement,	
New Zealand Citizens – Birth Certificate or passport or New Zealand Citizenship Certificate.	
Non New Zealand Citizens – Student Passport & Resident Permit or Student Passport with Student Visa	
A copy of the child's latest school report.	
Please complete short Enrolment survey on the back of the form	
For ease of processing, please ensure all sections are completed.	

Starting: **2017**
Year: **9 10 11 12 13**

APPLICATION FOR ENROLMENT

STUDENT DETAILS	NSN:
Legal Surname:	
Legal First Name(s):	
Address:	
Suburb:	Home Phone:
Gender: <i>(circle one)</i> Female / Male	Date of Birth: /...../.....
Country of Birth:	Date entered NZ: /...../.....
Last school attended:	Last day attended: /...../.....
STATUS	
<input type="checkbox"/> NZ Citizen <input type="checkbox"/> NZ Resident <input type="checkbox"/> Student Visa <input type="checkbox"/> Other:	
OTHER CHILDREN ATTENDING TANGAROA COLLEGE	
<input type="checkbox"/> Do you have any other children attending Tangaroa College? <i>If so please state</i>	
Name:	Date of Birth: /...../.....
Name:	Date of Birth: /...../.....
<input type="checkbox"/> Has your student ever been “Stood Down” or “Suspended” from a school?	
<input type="checkbox"/> Has your student ever been “Expelled” or “Excluded” from a school?	
If so, please state details:	

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ETHNICITY (please tick all that apply)

<input type="checkbox"/> African	<input type="checkbox"/> Greek	<input type="checkbox"/> Niue	<input type="checkbox"/> Polish
<input type="checkbox"/> Australian	<input type="checkbox"/> Indian	<input type="checkbox"/> NZ European	<input type="checkbox"/> Samoan
<input type="checkbox"/> British/Irish	<input type="checkbox"/> Italian	<input type="checkbox"/> NZ Maori (<i>note iwi below</i>)	<input type="checkbox"/> South Slav
<input type="checkbox"/> Chinese	<input type="checkbox"/> Japanese	<input type="checkbox"/> Other Asian	<input type="checkbox"/> Sri Lankan
<input type="checkbox"/> Cook Island	<input type="checkbox"/> Khmer	<input type="checkbox"/> Other European	<input type="checkbox"/> Taiwanese
<input type="checkbox"/> Dutch	<input type="checkbox"/> Korean	<input type="checkbox"/> Other Groups	<input type="checkbox"/> Tokelauan
<input type="checkbox"/> Fijian	<input type="checkbox"/> Latin American	<input type="checkbox"/> Other Pacific Island	<input type="checkbox"/> Tongan
<input type="checkbox"/> Filipino	<input type="checkbox"/> Middle Eastern	<input type="checkbox"/> Other S/East Asian	<input type="checkbox"/> Vietnamese

Iwi Affiliation:	First Language:
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PRIMARY CAREGIVERS

Relationship to child:	Relationship to child:
Surname:	Surname:
First Names:	First Names:
Address:	Address:
.....
Postcode:	Postcode:
Occupation:	Occupation:
Place of work:	Place of work:
Home telephone:	Home telephone:
Work telephone:	Work telephone:
Mobile:	Mobile:
Email:	Email:

EMERGENCY CONTACT: who can be phoned when parent / caregivers cannot be reached

Surname:	Home telephone:
First Names:	Work telephone:
Address:	
Suburb:	Postcode:
Relationship to child:	Mobile:

CUSTODY ORDERS / ACCESS DETAILS

Are there any **custody orders** or access details that the school should be aware of?

If so, please explain and provide copies of necessary documentation:

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PRIVACY STATEMENT

The information on this form is collected to form part of essential information the school holds on your child. The information collected will be used, by the school, for the following purposes:

- Enrolling your child at school
- Assessing the educational needs of your child
- Ensuring that education service and resources in respect to your child are provided at school

The records made from this information may be viewed on request at the school. The information collected may be disclosed to education and health sector agencies in accordance with the principals of the Privacy Act. Except with your specific authorisation, this information will not be disclosed to any other person or agency unless such disclosure is authorised or required by law.

Photographs of your child may be used in Tangaroa College publications, website, special displays or published in local newspapers and may be accompanied by your child's name. Ownership of such material is retained by the school.

Contact details on this form are required by law to be forwarded to the Ministry of Social Services. This is so that at risk young people can be identified and offered support by organisations contracted to help re-engage young people in education or training when they leave school. This information will not be used for any other purpose.

PARENT / GUARDIAN SIGNATURE: **DATE:**

ENROLMENT FORM SURVEY

WHERE DID YOU HEAR ABOUT TANGAROA COLLEGE? Please tick

- | | |
|----------------------------------------------|--------------------------------------------------|
| <input type="checkbox"/> Sibling | <input type="checkbox"/> Open Day |
| <input type="checkbox"/> Other family member | <input type="checkbox"/> Newspaper Advertisement |
| <input type="checkbox"/> Previous School | <input type="checkbox"/> Word of Mouth |
| <input type="checkbox"/> Community Meeting | <input type="checkbox"/> Internet |
| <input type="checkbox"/> Church | <input type="checkbox"/> Other: |

WHY DID YOU CHOOSE TANGAROA COLLEGE?

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TANGAROA COLLEGE



MEDICAL CONSENT

FAMILY DOCTOR:

FAMILY DENTIST:

1.) ASTHMA SUFFERERS:

1a.	Does your child have Asthma?	Yes / No
1b.	Is your child's Asthma	Mild / Moderate / Severe
1c.	Does your child have an "Asthma Action Plan?"	Yes / No

If using preventers, the Asthma Society recommends having an action plan which should be updated every 6 – 12 months. See your Doctor or Practice Nurse to set up an action plan.

2.) MEDICAL CONDITION: Tick any medical conditions that your child has and state the medication used

<input type="checkbox"/>	Diabetes	.....
<input type="checkbox"/>	Epilepsy	.....
<input type="checkbox"/>	Rheumatic Fever	.....
<input type="checkbox"/>	Hepatitis A or B/HIV	.....
<input type="checkbox"/>	Kidney Problems	.....
<input type="checkbox"/>	Migraines/Headaches	.....
<input type="checkbox"/>	Heart Condition	.....
<input type="checkbox"/>	Blood Condition	.....
<input type="checkbox"/>	Nose Bleeds	.....
<input type="checkbox"/>	Recurring Abdominal Pain	.....
<input type="checkbox"/>	Back/Neck Problems	.....
<input type="checkbox"/>	Past illness/operations	.....
<input type="checkbox"/>	Any other health issues	.....

3.) ALLERGIES: Tick the allergies your child has and state whether it is Mild, Moderate or Severe

<input type="checkbox"/>	Medication	.....
<input type="checkbox"/>	Food / Nuts	.....
<input type="checkbox"/>	Bee / Wasp stings	.....
<input type="checkbox"/>	Anaphylaxis	.....
<input type="checkbox"/>	Other	.....

4.) MEDICATIONS:

Please send labelled medication to the School Nurse if it is required for regular use or for emergencies such as, antihistamines for bee stings, and fill in a consent form allowing the nurse to medicate.

5.) DOES YOUR STUDENT HAVE ON A REGULAR BASIS;

any medication not mentioned above?

a course of treatment / counselling?

If yes, please detail

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6.) IMMUNISATIONS: Has your child **had** the following immunisations?

<input type="checkbox"/> Hepatitis	<input type="checkbox"/> HPV (Girls only)
<input type="checkbox"/> MMR (Measles / Mumps / Rubella)	<input type="checkbox"/> Meningococcal B
<input type="checkbox"/> Tetanus	<input type="checkbox"/> Tuberculosis (BBG)

7.) SENSORY LOSS: Tick the sensory losses your child has and state any additional details (Right, Left, Mild etc)

Visual

Hearing

Please provide details of any treatment being used (Glasses / Hearing Aid)

8.) SPECIAL HOME CIRCUMSTANCES:

Are there any factors that may affect the student's behaviour or emotional stability?

If yes, please detail

9.) MINOR AILMENTS: (eg Head aches etc)

Do you authorise the School Nurse to provide medication? (eg Panadol, Disprin, etc)

PARENT / GUARDIAN SIGNATURE:

10.) HEALTH ASSESSMENTS

Do you authorise the School Nurse to conduct a Health Assessment on your child?

PARENT / GUARDIAN SIGNATURE:

IN CASE OF AN ACCIDENT OR EMERGENCY

In case of an accident or emergency and if the school cannot contact you, or if the accident is serious, the School Nurse may arrange for your child to be taken to Counties Accident and Emergency rooms.

I give permission for the school to make the necessary arrangements for the treatment of my child in an emergency and agree to meet any costs incurred.

PARENT / GUARDIAN SIGNATURE: **DATE:**

WE MUST HAVE UP-TO-DATE CONTACT PHONE NUMBERS AT ALL TIMES.

A student's health may change in the course of a year. The more up-to-date information we have, the better we are able to treat your child should it be necessary. It would be very helpful if the school could be notified as soon as possible about any medical condition that may arise by either:

- a) a phone call to The School Nurse – 2745764 extn 214.
- b) a note to the Tutor Teacher
- c) a note to the Dean