



TE RITO TE KURA TAIAO

Tūhono Tūpuna. Tūhono Tangata. Tūhono Taiao



TE RITO TE KURA TAIAO PĀNUI WHAKAURU | ENROLMENT FORM

Mokopuna Personal Information

Legal First and Middle Names: _____ Legal Surname: _____

Preferred First Name: _____ Preferred Surname: _____

Gender: Tama | Kōtiro (circle one) Date of Birth: _____

Home address: _____

Postal address (if different): _____

Home Phone: _____ Mobile: _____ Email: _____

Current Year Level: _____ or New Entrant

Pre-Kura Enrolment (ECE | Kōhanga | Puna Reo) _____

Previous Kura Name: _____

Nationality: _____ Home Language: _____

Ethnic Group: NZ Maori NZ European / Pakeha Cook Island Maori Indian Tongan Chinese

Samoan Tokelauan Vietnamese Niuean Fijian Malaysian Other (please specify): _____

NZ Maori - Please specify Iwi: 1) _____ 2) _____ 3) _____

Siblings likely to be interested in enrolling

Name: _____ D.O.B. _____

Name: _____ D.O.B. _____

*Kia Taiaonuku Ka Taiaorangi. Toitū Te Mana Ūkaipō
Tūhono Tūpuna. Tūhono Tangata. Tūhono Taiao.*

Parent | Caregiver 1:

Relationship to Student: _____

Full Name: _____

Ethnicity: _____

 Tick if same as Student's details above, or fill in below:Home Address: _____

Home Ph: _____ Mobile: _____

Occupation: _____

Work Address: _____

Work Ph: _____

Please tick if necessary:

 Student lives with most of the time Shared arrangement 50 / 50 Shared arrangement other ____ / ____ Student stays with some of the time**Parent | Caregiver 2:**

Relationship to Student: _____

Full Name: _____

Ethnicity: _____

 Tick if same as Student's details above, or fill in below:Home Address: _____

Home Ph: _____ Mobile: _____

Occupation: _____

Work Address: _____

Work Ph: _____

Please tick if necessary:

 Student lives with most of the time Shared arrangement 50 / 50 Shared arrangement other ____ / ____ Student stays with some of the time**Emergency Contact (someone other than parent / caregiver)**

Full Name: _____ Relationship to student: _____

Address: _____

Home Phone: _____ Mobile: _____ Work Ph: _____

Emergency Contact 2 (someone other than parent / caregiver)

Full Name: _____ Relationship to student: _____

Address: _____

Home Phone: _____ Mobile: _____ Work Ph: _____

Travel to Kura (tick first box), Travel Home from Kura (tick 2nd box) *To be confirmed***BUS:** Parapara Fern Flat Back River Whatuwhiwhi Kohumaru Hihi Taipa **OTHER:** Walk Drop off by car Pick up by car

Medical Information

Doctor: _____ Phone: _____

Address: _____

Does your child have any allergies, medication requirements, or other serious health problems? Eg. Asthma, sight, hearing.

Serious Non-serious

Please state medical requirements and treatment: _____

In the event of an accident or sudden illness, I/we authorise the staff of Te Rito Te Kura Taiao to obtain such medical assistance as may be necessary when I/we cannot be contacted. I/we agree to meet any cost incurred for the treatment or transportation of my child to receive medical attention. Yes No

I/we give permission for staff at Te Rito Te Kura Taiao to administer pain relief or other medication as listed on this child's records, if required. Yes No

I/we give permission for this child to undergo vision and hearing testing. Yes No

I/we give permission for this child to be seen by a School Health Professional or Dental Nurse. Yes No

FIRST AID: Please tick for us to treat minor injuries at school

Documentation

Immunisation Certificate

4 Year old Immunisation complete Yes No

NOT IMMUNISED

Birth Certificate Yes No

(please provide within 5 days)

OFFICE USE ONLY

Year: ____ Maru: _____ Kaiako: _____

Kura Enrolment No: _____

NSN# _____

NOTES: _____

Privacy Statement: I agree to this information being used for enrollment, school business and fundraising purposes.

Name: _____

Signed: _____ Rā: _____

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