Putāruru College Enrolment Form

Name:_____

Academic Year: 20 ___

Year: 7 / 8 / 9 10 / 11 / 12 / 13 / 14 ***(please circle)***

Name / initial enrolment officer: _____

"Together we learn and grow"

He aha te me nui o tea o? He tangata, he tangata, he tangata.

What is the most important thing in this world? It is people, it is people, it is people

Principal: Mr Rob Rogers

Putāruru College, Junction Street, PO Box 210, Putāruru. Phone: 07 883 8323

Email: office@putarurucollege.school.nz

Student Details:

Legal Surname: _____

Surname to be known as (if different from above): _____

First Names: _____

Preferred Name: _____ Male: ☐ Female: ☐

Date of Birth: _____

Physical Address: _____

Nationality: New Zealander / Other _____ *(please state)*

Ethnicity: Māori / Pacific Islander / New Zealand European / Other _____

If NZ Māori please state Iwi: 1. _____ 2. _____ 3. _____

If Pacific Island please state: _____

Date of arrival in New Zealand *(if born overseas):* _____ Visa Type: _____ Expiry Date: _____

Languages spoken: _____

Last School Attended / Any siblings at this school:

School Name: _____ Current Class Level: _____

Siblings attending Putāruru College: Name / s _____

Caregiver 1 Details:

Surname Mr / Mrs / Miss / Ms: _____

First Name: _____

Address: _____

_____

Occupation: _____

Phone: (Home): _____ (Mobile): _____

(Work): _____ (Email): _____

Relationship to student: _____

Caregiver 2 Details:

Surname Mr / Mrs / Miss / Ms: _____

First Names: _____

Address: (*if different from student details)*_____

Occupation: _____

Phone: (Home): _____ (Mobile): _____

(Work): _____ (Email): _____

Relationship to student: _____

Alternate Caregiver Details: (if not living with a parent)

1. Surname: Mr / Mrs / Miss / Ms _____

   First Name: _____

2. Surname: Mr / Mrs / Miss / Ms _____

   First Name: _____

Address: _____

_____

Occupation: _____

Phone: (Home): _____ (Mobile): _____

(Work): _____ (Email): _____

Relationship to Student: _____

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*EMERGENCY CONTACT (Grandparent, family friend etc, NOT a parent or caregiver please)

Surname: _____ First Name: _____

Phone: (Home): _____ (Mobile): _____ (Work): _____

Relationship to Student: _____

Other Information: (attach information or documentation as necessary)

Custody Arrangements: YES: □ N / A: □ Court Order: Yes □ N / A: □

Access Restrictions: YES: □ N / A: □ Other Agencies Involved: Yes □ N / A: □

Other information: _____

_____

Health:

Putāruru / Tirau / Family Doctors ☐ ***OR*** other Doctor: _____ Phone: _____

Medical information or conditions to note: e.g. serious asthma, bee / wasp stings / other allergies, ADHD, epilepsy etc:

_____

Treatment required: _____

_____

Immunisation Status: Fully immunised ☐ Not Immunised ☐ Not Sure ☐

I give the school permission to give my child paracetamol (panadol). YES ☐ NO ☐

Learning Needs: Is your child involved with the following?

RTLB MOE ORRS ACC ESOL Counsellor

Teacher Aide Support Other Learning Support

Please give details: _____

_____

Lunch in School: The school provides a free lunch daily. Please list below and special dietary requirements – medical, religious or ethical. This will ensure order requirements are met and labelled correctly. Please note: this does NOT include food preference, fussy eaters or non-medical aversions.

My child has the following special dietary requirement: _____

_____

Whānau Rōpu Group: are you interested in joining the school Whānau Rōpu group for Māori and Pacific Island families
Yes / No

GRG – Grandparents Raising Grandchildren: this is a group for any family member raising students, not just grandparents. Please ask for information if you are interested in this.

Declaration:

I have read, understand and agree to the terms of enrolment in the Enrolment Agreement Form.

Parent/Caregiver: _____