

APPLICATION FOR ENROLMENT

STUDENT DETAIL	LS								
SURNAME:									
Legal Surname (i	f different):								
First Name:				Middle	Name(s):				
Preferred First N	lame (if different):								
Students Mobile	Phone:		Date	e of Birth:			MALE	FEMALE	OTHER
STUDENT ADDRE									
STUDENT EMAIL	:								
Last school atte	ended								
Country of Birth:									
Year Level	9	10			11		12		13
ETHNICITY	1.			2.			3.		
If student is of M	1aori descent pleas	e enter	the r	name(s) o	f lwi				
<i>IWI</i> 1.			2			3	3.		
STUDENT TYPE (Please tick)								
o Regular	Class Student			0	Learning Supp Current Suppo			hearing im	pairment
o ORRS Fu ORRS Nu				0	ESOL – Englisł	h for	students c	of other lan	guage:
ForeignStudent	Fee Paying Student	Exchai	nge	0	Reo Rumaki /	Bilin	gual Class		

		ed or stood down fi se provide details b		? (Pl	ease cii	rcle)		
IMMIGRATION I	NFORMATIO	ON (for students No	OT born in	New	Zealan	d)		
Country of Birth	:		Date o	f arri	val in N	IZ:		
First Language:			Date o	f ent	ry to fir	rst NZ scho	ool:	
Information Prov	vided		Copies	Atta	ched		Yes	No
Passport Numbe	r		_ Studer	nt Vis	a			
Permanent resid	lency permit	#	0	Dat	e of iss	sue		
New Zealand Cit	izenship	Y/N	0	Dat	e of Ex	piry		
			0	Nur	nber			
Sibling informat	ion							
Name	N	ame	Nan	ne			Name	
Current Student	Y/N C	urrent Student Y / N	N Curr	ent S	Student	: Y / N	Current S	Student Y / N
Whānau	W	/hānau	Wha	inau			Whānau	
PRIMARY CAREC	GIVER DETAI	LS MOTHER						
Relationship to	student	Mother			Othe	r:		
o Mrs	o M i	ss o Ms	() M	1r	o Form	er studen	t at PHS
Surname								
First Name								
Address							Post co	ode
Email				Мо	bile ph	one	•	
Occupation		Employer		Hor	me pho	ne		
				Wo	rk phoi	ne		

PRIMARY CAREGIVER	DETA	ILS FATHER				
Relationship to stude	nt	Father	Other:	••••••	o For	mer student at PHS
Surname						
First Name						
Address						Post code
Email				Mobile pho	ne	
Occupation		Employer		Home phor	ne	
				Work phon	е	
EMERGENCY CONTACT	DETA	ILS. All contacts hav	e permissio	on to uplift stu	ident unles	ss otherwise stated
Relationship to stude	nt:		Relatio	nship to stu	dent:	
Former student at PHS		yes / no	Former	student at Ph	HS	yes / no
Surname			Surname	9		
First Name			First Nar	me		
Address			Address			
Email			Email			
Home phone	Mobi	ile	Home pl	hone	Mo	obile
PERMISSIONS, AGREEN						

Parent or Guardian: I understand that the student named may be involved in activities which require walking off the school grounds under the supervision of members of staff. These activities may include (but are not limited to) local community facilities and events and athletics day, and include walking along and crossing public roads.

In exceptional circumstances such as (but not limited to) illness or accident, staff may be required to transport students by vehicle without prior approval of the parent/caregiver.

My signature below indicates that I give permission for the student named to participate in walking trips, and to be transported by staff in the above exceptional circumstances. I am aware that all other planned excursions (trips) will require prior approval via permission slip signed by the parent/ caregiver.

Permission for Using Photos/Digital Images

Papakura High School takes pride in promoting our school and the events that take place. We like to include photos of students in school publications, school website, Facebook page, local newspapers and school display areas. We require parents/caregivers to give permission for photos/digital images to be used as we appreciate that for various reasons it is not safe or desirable to publish photos of some students.

I give permission to have my son/daughter photographed and have their photos published in school publications, website, Facebook and for display purposes.

I undertake:			
	t the student attends scho	ool regularly and punctually.	
	t the student is in correct		
		ments as set out in the Prospo	ectus by the Board of
Trustees.		·	,
4. To ensure tha	t the student obeys the so	chool rules and regulations.	
5. To ensure tha vandalism or \S		I for any damage the student	incurs through neglect,
Signature of Parent / (Guardian:	Date:	
Signature of Student:-	·	Date:	
	THE PI	RIVACY ACT 1993	
normal school operations.			
Office Use Only			
	Reo Rumaki Class	In Zone	Out of Zone
Office Use Only	Reo Rumaki Class	In Zone Kaitohutohu / Tutor	Out of Zone
Office Use Only Oning status Admin Number	Reo Rumaki Class		Out of Zone
Office Use Only Oning status	Reo Rumaki Class	Kaitohutohu / Tutor	Out of Zone
Office Use Only Coning status Admin Number	Reo Rumaki Class	Kaitohutohu / Tutor	Out of Zone
Office Use Only Oning status Admin Number ISN Previous School	Reo Rumaki Class	Kaitohutohu / Tutor	Out of Zone

(Position)