

KATIKATI COLLEGE ENROLMENT FORM



Student Surname.....

First Names.....

Preferred Name

Gender M F Other (please circle)

Date of Birth.....

Birth Certificate / Passport (please attach)

Ethnicity

If Māori, specify Iwi

Home Language

Date of Entry to NZ

Citizenship – NZ Other

Visa Type

Date of Expiry

Address of Student

.....
.....
.....

Emergency Contact (other than legal guardian)

Name

Relationship to Student

Contact phone number

Full Names and addresses of Parents/Guardians

Mother / Legal Guardian

.....

Address (if different from Student)

.....
.....

Cellphone

Home / Daytime Contact Number

.....

email

Name of Workplace

.....

Father / Legal Guardian

.....

Address (if different from Student)

.....
.....

Cellphone

Home / Daytime Contact Number

.....

email

Name of Workplace

.....

SIBLINGS AT KATIKATI COLLEGE

Name Class Level House

Name Class Level House

MEDICAL INFORMATION ABOUT WHICH THE SCHOOL SHOULD BE INFORMED

Please attach a copy of the updated Immunisation Record. Indicate below where applicable.

Allergies Asthma Epilepsy Heart condition
 Hearing Eyesight Migraine
 Other

Provide details
 Doctor: Phone:

WHĀNAU PŪMANAWA - would you like more information on Whānau Pūmanawa form class

AIGA - would you like more information on Aiga form class
(Information about Whānau Pūmanawa and Aiga can be found on the College website)

ADDITIONAL NEEDS / LEARNING SUPPORT (funding currently being provided):

Any Legal Matters / Other Agencies Involved:

LAPTOP / DEVICE INFORMATION: Does the student have their own device?

Circle the device type: iPad Laptop Chromebook Mac other:

INFORMATION FROM LAST SCHOOL ATTENDED

Name of School
 Attended From / / to / /
 Contact Person Position
 Reason for Leaving (if not starting Year 7):

PLEASE ATTACH A COPY OF THE MOST RECENT SCHOOL REPORT

DECLARATION:

I agree that my child will follow such rules as may be made by the Principal and/or Board of Trustees of Katikati College. I agree to ensure that my child will wear the school uniform as required by the Board of Trustees. I also agree to pay the College for loss or damage to school property as a result of my child's actions.

Occasionally the school takes photos of students or samples of their work to record student activities and achievements. We would like to use these photos and images in our school newsletter, on our Facebook page, our website or other College publications to share our student achievements and success with our community or promote our College. If you **DO NOT** want your child's photo to be used or shared by the school, please **tick** the box below.

CHILD'S PHOTO IS NOT TO BE USED IN ANY PUBLICATIONS (Please tick)

.....
signed by Parent / Guardian **signed by Student**

Privacy Clause: I hereby authorise any school or schools which my child has previously attended to forward to Katikati College all information held by those schools in relation to my child. I am aware that I have the right to cite that information and that I may request correction of any incorrect information so held.

.....
Principal **Acceptance Date**

Office use Only

Form Class	Year	Date of Entry	House	Bus No.	Student ID