



KATIKATI COLLEGE ENROLMENT FORM

Please fill in this form and hand into the school
Office with copies of the required documentation.

Student Surname

First Names

Preferred Name

Gender M F Other (please tick) Date of Birth / /

PLEASE ATTACH BIRTH CERTIFICATE OR PASSPORT

Ethnicity

If Māori, specify Iwi

Home Language

Citizenship – New Zealand

Other please specify

Visa Type

Visa Date of Expiry

Address of Student

.....
.....

Mailing Address (If different)

.....
.....

Full Names and addresses of Parents/Guardians

Mother / Legal Guardian:

Address (If different from student):
.....
.....

.....Mobile:

Workplace:Work/Home Phone

Email:

Father / Legal Guardian:

Address (If different from student):
.....
.....

.....Mobile:

Workplace:Work/Home Phone

Email:

Additional Emergency Contact:

Relationship to Student: Phone:

SIBLINGS AT KATIKATI COLLEGE

Name Class Level

House

Name Class Level

House

MEDICAL INFORMATION THE SCHOOL SHOULD BE AWARE OF

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**

Would you like more information on?

Whānau Pūmanawa form class
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

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 School Board of Katikati College. I agree to ensure that my child will wear the school uniform as required by the School Board. I also agree to pay the College for loss or damage to school property as a result of my child's actions **(Please tick)**
- We agree to following school policies as set by the School Board.
- 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, or website or other College publications to share our student achievements and success with our community or promote our College. Please tick if you **DO NOT** want your child's photo to be used or shared by the College on Social Media or any publication.

.....
Signed by Parent / Guardian signed by Student

Privacy Clause: I hereby authorize external agencies, and 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.

.....
Signed by Principal Acceptance Date

Office Use Only

Form class	Year	Date of Entry	House	Bus	ID No.