

# Tangowahine School



## Enrolment Form

### STUDENTS PERSONAL DETAILS

**Surname:** \_\_\_\_\_ **First Name:** \_\_\_\_\_

**Gender:** Male/Female **Date of Birth:** (Copy of birth certificate) \_\_\_\_\_

**Home Address:** \_\_\_\_\_

**Previous School:** \_\_\_\_\_

**Ethnic Group:** ie NZ European, NZ Maori, Tongan, Filipino, Cook Is Maori, Chinese, Samoan

1<sup>st</sup> \_\_\_\_\_ 2<sup>nd</sup> \_\_\_\_\_ 3<sup>rd</sup> \_\_\_\_\_

**Iwi Student belongs to:** Can provide up to three \_\_\_\_\_

**Pre-School Information:** \_\_\_\_\_

**Other Information:** Any special interests or hobbies etcí \_\_\_\_\_

**Immunisation Details:** Please provide certificate for photocopying

### DETAILS OF PARENT/CAREGIVER

**Surname:** \_\_\_\_\_ **Mr/Mrs/Miss/Ms First Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Home Phone:** \_\_\_\_\_ **Mobile:** \_\_\_\_\_

**Occupation:** \_\_\_\_\_ **Work Phone:** \_\_\_\_\_

**Email Address:** \_\_\_\_\_

**Relationship to Student:** \_\_\_\_\_

**Surname:** \_\_\_\_\_ **Mr/Mrs/Miss/Ms First Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Home Phone:** \_\_\_\_\_ **Mobile:** \_\_\_\_\_

**Occupation:** \_\_\_\_\_ **Work Phone:** \_\_\_\_\_

**Email Address:** \_\_\_\_\_

**Relationship to Student:** \_\_\_\_\_

**Any other information:** Access etc. \_\_\_\_\_

### EMERGENCY CONTACT

**Surname:** \_\_\_\_\_ **Mr/Mrs/Miss/Ms First Name:** \_\_\_\_\_

**Relationship to student:** \_\_\_\_\_ **Contact Ph. No.** \_\_\_\_\_

I give permission for the school to sanction any required emergency medical treatment and agree to abide by the BOT policies.

**Signed:** \_\_\_\_\_

**Date:** \_\_\_\_\_