



TAITA COLLEGE

APPLICATION FOR ENROLMENT

*This form is to be completed, signed and returned to:
The Principal, Taita College, Eastern Hutt Road, Lower Hutt
A photocopy of the Birth Certificate must be included.*

STUDENT INFORMATION:

Student's Surname: _____ Date of Birth: ____/____/____
First Names: _____ Male/Female: _____
Preferred Name: _____ Previous School: _____
Personal Phone Number: _____ Current Year Level: _____
Country of Birth: _____ First Language: _____
Date of entry to NZ (if applicable): _____
(Residency Permit or Visa required)

ETHNICITY: (Statistical Information for the Ministry of Education - please tick)

Maori Iwi Affiliation - please list code(s) from attached sheet: _____

<input type="checkbox"/> NZ European	<input type="checkbox"/> Tongan	<input type="checkbox"/> Australian	<input type="checkbox"/> Chinese
<input type="checkbox"/> Cook Is. Maori	<input type="checkbox"/> Fijian	<input type="checkbox"/> Tokelauan	<input type="checkbox"/> Japanese
<input type="checkbox"/> Samoan	<input type="checkbox"/> Niue	<input type="checkbox"/> Indian	<input type="checkbox"/> Other: _____

Does the student have a brother or sister currently attending Taita College? If so, please give names and tutor classes: _____

Does the student have a brother or sister who formerly attended Taita College? If so, please give names and which years they attended: _____

PARENT/CAREGIVER INFORMATION:

Student lives with: YES / NO (please circle)

Mrs/Ms/Miss: _____
(Please circle) (Surname)

(First name)

Address: _____

_____ Post Code: _____

Phone: _____(hm) _____(wk)

Cell phone: _____

Email: _____

Occupation: _____

Relationship to student: _____

Student lives with: YES / NO (please circle)

Mr: _____
(Surname)

(First name)

Address: _____

_____ Post Code: _____

Phone: _____(hm) _____(wk)

Cell phone: _____

Email: _____

Occupation: _____

Relationship to student: _____

EMERGENCY CONTACT INFORMATION: (If neither of the above are available in an emergency)

Name: _____

Relationship to student: _____

Phone: _____(hm) _____(wk)

Cell phone: _____

MEDICAL INFORMATION:

Name and phone number of family doctor: _____

Does your child suffer from any of the following:

- Asthma: Yes / No Mild / Moderate / Severe
- Epilepsy: Yes / No Mild / Moderate / Severe
- ADD/ADHD: Yes / No Mild / Moderate / Severe
- Diabetes: Yes / No Mild / Moderate / Severe
- Hearing disability: Yes / No Mild / Moderate / Severe

Are there any other health problems, disabilities, illnesses or allergies of which the college should be aware? If yes, please specify: _____

Please state any prescribed drugs your child is taking and the reasons: _____

I give permission for the Mobile Dental Bus (Capital Dentist) to provide a free dental exam and do work on my child’s teeth (if needed): Yes / No

STUDENT WELFARE:

Please indicate briefly any information about guardianship or custody of the student about which the college should be aware: _____

Are there any family circumstances which could affect the progress of the student? If yes, please comment briefly below, or attach a confidential letter to the Principal: _____

By law, students and staff must remain at school during a Civil Defence emergency. After the “OFFICIAL ALL CLEAR” has been received, do you wish your child to:

- stay at school until collected make own way home

I give permission for publication of my child’s photograph on the Taita College website or in publications: Yes / No

DECLARATION:

I / We understand that the college has zero tolerance to any form of substance abuse as it is a major barrier to learning and action will follow any breach of this policy.

I / We hereby certify that the above information is correct and understand that any incorrect information may lead to dis-enrolment.

I / We agree that our child shall observe school rules and wear the correct uniform as determined by the Taita College Board of Trustees.

Mother / Caregiver (1): _____ Date: _____ / _____ / _____

Father / Caregiver (2): _____ Date: _____ / _____ / _____

(for office use only)

Current Sibling(s)	Enrolment Number	Start Date	Copy of Birth Certificate attached Yes / No	Completed by Admin/Dean: