

STUDENT	Legal Name (<i>Surname & First Names</i>)		
	Preferred Name (<i>Surname & First Name</i>)		
	Boy/Girl	Date of Birth	Class/Year Level
	Place in family	out of	Ethnicity
	Previous School		
	Iwi 1.	2.	3.
	Address Physical (<i>Must include rapid number for rural address</i>)		
	Postal Address		
	Phone	Emergency Name/Phone	
	Email	Newsletters Yes/No	
Tutor Group Affiliation <i>Lumley/Martyn/Watt/Williamson</i>			

PARENTS/CAREGIVERS	Parent/Caregiver		Relationship
			Student Living With Yes/No
			Copy Report Yes/No
	Work Phone	Cell Phone	
	Parent/Caregiver		Relationship
			Student Living With Yes/No
			Copy Report Yes/No
	Work Phone	Cell Phone	
Parent/Caregiver		Relationship	
		Student Living With Yes/No	
		Copy Report Yes/No	
Work Phone	Cell Phone		

OPTIONS	Subject Choices (Please note: If you wish to take Outdoor Education you and your parent/caregiver must meet with any of the Physical Education staff prior to acceptance of this course)
	Qualifications Gained
	National Student Number (NZQA)

HEALTH	Health (<i>Allergies/Ailments</i>)
	Sight/Speech/Hearing
	I consent to my child's vision & hearing being tested Yes/No
LEARNING & BEHAVIOUR	Learning & Behaviour Needs
	Specialist Needs/Resourcing/Agencies
	Other Information

PRIVACY APPROVAL

Privacy Statement: The information collected will be used by the school for enrolment and forms an essential part of this information held by the school on your child. The record made from this information may be views on request at the school. The information collected may be disclosed to appropriate education, health and welfare authorities and for data gathering purposes by the New Zealand Ministry of Education in accordance with the principles of the Privacy Act. It will not be disclosed to any other person or agency unless such disclosure is authorized by law.

1. I/We agree / don't agree to abide by the expectations of the school and will meet the other requirements as set down in the current prospectus.
2. I/We agree / don't agree to Whangamata Area School requesting school records and other relevant information from the previous school.
3. I/We agree / don't agree that my child's name, writing or photo may appear on the school Website or in school or local publications.
4. I/We consent / don't consent to my child taking part in low risk Education Outside the Classroom (EOTC) activities without offering separate consent. I understand that separate consent will be sought if the risks or travel distances involved in an EOTC experience fall outside this criteria.
5. I/We consent / don't consent to my child accessing GP services at Whangamata Area School through Pinnacle Health.

Signed _____ Date _____

School Use Only Reg. Number	Classification	Tutor/Teacher
Birth Certificate /Passport <input type="checkbox"/>		Start date
<i>(Copy Attached & Proof of Residency if required)</i>		
Entered Enrol Kamar <input type="checkbox"/> <input type="checkbox"/>	Copy to A.P./Teacher/Library /Dental Nurse	Internet Form Signed/Returned



Year 7-13

Enrolment