



ENROLMENT FORM

STUDENT'S SURNAME

FIRST NAMES

PREFERRED NAME

GENDER M F DATE OF BIRTH

BIRTH CERTIFICATE / PASSPORT (ATTACHED)

ETHNIC GROUP IDENTIFIED WITH (tick **all** that apply) –

NZ EUROPEAN / PAKEHA

MAORI Iwi

PACIFIC PEOPLES please specify

ASIAN please specify

OTHER please specify

CITIZENSHIP – NZ Other please specify

DATE OF ENTRY TO NZ

VISA TYPE

DATE OF EXPIRY

ADDRESS

PHONE

CELLPHONE

MAIL TO

E-MAIL

EMERGENCY CONTACT NAME

PHONE

RELATIONSHIP TO STUDENT

CELLPHONE

FULL NAMES OF PARENTS/GUARDIANS STUDENT IS LIVING WITH

FATHER / LEGAL GUARDIAN:

MOTHER / LEGAL GUARDIAN:

NAME

NAME

WORKPLACE

WORKPLACE

DAYTIME CONTACT

DAYTIME CONTACT

PLEASE COMPLETE BOTH SIDES OF THIS FORM

ENROLLED BY

OFFICE

ENROLMENT

RE-ENROLMENT

DATE ENTRY TESTS COMPLETED

BROTHERS / SISTERS AT KATIKATI COLLEGE

NAME _____ CLASS LEVEL _____ HOUSE _____

MEDICAL INFORMATION ABOUT WHICH THE SCHOOL SHOULD BE INFORMED – PLEASE INDICATE WHERE APPLICABLE AND PROVIDE DETAILS BELOW

ALLERGIES ASTHMA BEE STINGS EPILEPSY HEART HEARING EYESIGHT MIGRAINE

DOCTOR _____ PHONE _____

SPECIAL NEEDS / FUNDING CURRENTLY BEING PROVIDED _____

LEGAL MATTERS _____

OTHER AGENCIES INVOLVED _____

INFORMATION FROM LAST SCHOOL ATTENDED

NAME OF SCHOOL _____

ATTENDED FROM ____ / ____ / ____ TO ____ / ____ / ____

CONTACT PERSON _____

DESIGNATION _____

REASON FOR LEAVING _____

PLEASE ATTACH A COPY OF THE MOST RECENT SCHOOL REPORT

DECLARATION: *I agree that my son/daughter will obey such rules as may be made by the Principal and/or Board of Trustees of Katikati College. I agree to ensure that my son/daughter 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 son's/daughter's actions.*

SIGNED _____

ACCEPTANCE DATE ____ / ____ / ____

FATHER / LEGAL GUARDIAN _____

STUDENT _____

MOTHER / LEGAL GUARDIAN _____

PRINCIPAL _____

OFFICE USE ONLY

NEW STUDENT INFORMATION

FORM CLASS	YEAR	DATE OF ENTRY	ID No			
HOUSE	BUS	DISTANCE FROM SCHOOL				
OPTIONS	A	B	C	D	E	F

PRIVACY CLAUSE: *I hereby authorise any school or schools which my son/daughter has previously attended to forward to Katikati College all information held by those schools in relation to my son/daughter. I am aware that I have the right to inspect that information and that I may request correction of any incorrect information so held.*