

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 Mr Wynn 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 the information held by the school on your child. The record made from this information may be viewed on request at the school. The information collected may be disclosed to the Ministry of Education for data gathering purposes. Contact details may also be passed to the Ministry of Social Development this is so young people who may have difficulty finding future employment, traing of further education can be identified and offered support and to help reengage young people in education, training when they leave school. It will not be disclosed to any other person or agency unless such disclosure is authorized by law.

1. I/We 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 to Whangamata Area School requesting school records and other relevant information from the previous school .
3. I/We agree that my child's name, writing or photo may appear on the school Website or in school or local publications.

Signed _____ Date _____

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



Year 7-13

Enrolment