

For Office Use Only	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
	Ack Letter Sent	Mtg with PC Leader	Entered on KAMAR	Entered on ENROL	PEN Log In	Proof of Residency	Birth Certif/ Passport	House



PORIRUA COLLEGE

ENROLMENT FORM - YEAR 2018

TĒNĀ KOUTOU, MALO E LELEI, TALOFA LAVA, KIA ORANA,
FAKAALOFA LAHI ATU, TALOFĀ NI AND GREETINGS

Student Information

Student surname:	First name(s):
Legal surname (if different):	Preferred name:
Date of birth:	Male <input type="checkbox"/> Female <input type="checkbox"/>
Home phone:	Mobile phone:
Address:	
e-mail address:	
Previous school:	
Date of leaving previous school: ___/___/___	Date of entry to Porirua College: ___/___/___
Reason for leaving previous school:	
Year level in 2018:	

Brothers and Sisters at Porirua College

Name	Year level	Same address as above? <input type="checkbox"/> Yes <input type="checkbox"/> No (pls tick) If no, please give address below

Parent/Guardian Information

Child lives with:			
Mother <input type="checkbox"/>	Father <input type="checkbox"/>	Both parents <input type="checkbox"/>	Neither parent <input type="checkbox"/>
School Accounts and Student Reports are to be sent to:			
Mother <input type="checkbox"/>	Father <input type="checkbox"/>	Other <input type="checkbox"/> (specify) _____	
Access Restriction:			
Yes <input type="checkbox"/>	No <input type="checkbox"/>	If yes, please attach details:	

*() In the event of an emergency, please indicate the order in which the people below should be contacted. For example, (1) Mother, (2) Father and (3) Emergency contact.

*() **Mother/Guardian Contact Details**

If not Mother – please circle one:	
Step-Mother / Aunty / Grandmother / Guardian / Other (specify) _____	
Surname:	First name(s):
Please circle one: Mrs / Miss / Ms	
Address: (if different to student address)	
Home phone:	Mobile phone:
e-mail address:	
Work (job title):	Work phone number:
Work address:	

*() **Father/Guardian Contact Details**

If not Father – please circle one:	
Step-Father / Uncle / Grandfather / Guardian / Other (specify) _____	
Surname:	First name(s):
Address: (if different to student address)	
Home phone:	Mobile phone:
e-mail address:	
Work (job title):	Work phone number:
Work address:	

*() **Alternative Contact Details** (If we are unable to contact main parent/guardian)

Surname:	First name(s):
Please circle one: Mrs / Miss / Ms / Mr	
Address:	
Relationship to student – please circle one:	
Grandmother / Grandfather / Aunt / Uncle / Friend / Other (specify) _____	
Home phone:	Mobile phone:
e-mail address:	
Work (job title):	Work phone number:
Work address:	

Personal Details

Have you previously attended Porirua College?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Were you born in New Zealand?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If 'no' which country were you born in?		
Are you now a New Zealand citizen?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Exact date of entry into New Zealand	____/____/____	
Do you have permanent resident status?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Do you have a visitor or student visitor permit?	Yes <input type="checkbox"/>	No <input type="checkbox"/> expires ____/____/____

Ethnicity

Please tick the correct ethnic group(s)	
Māori <input type="checkbox"/>	Iwi Affiliations (specify):
European <input type="checkbox"/>	Cook Islands Māori <input type="checkbox"/>
Niuean <input type="checkbox"/>	Samoaan <input type="checkbox"/>
Tokelauan <input type="checkbox"/>	Tongan <input type="checkbox"/>
Other (specify):	
Have you participated in New Zealand Māori bilingual immersion classes?	Yes <input type="checkbox"/> No <input type="checkbox"/>
If 'yes' which years did you study?	
What is your first spoken language?	
What is the main spoken language at home?	
Does the student speak any other languages?	
Has the student received any special help with learning before? (e.g. maths, reading, behaviour)	

Year 9 Students in 2018

What ethnic studies class would you like your child to be in? Please tick one.	
Māori <input type="checkbox"/>	Tuvalu <input type="checkbox"/>
Cook Islands Māori <input type="checkbox"/>	Samoaan <input type="checkbox"/>
Tokelauan <input type="checkbox"/>	Other

Year 10 – Year 13 Students in 2018

Subjects	
A	C
B	D

Student Medical Information

What is the name of the students' medical practice?	
What is the name of the students' doctor?	
Free dental care is available to anybody under the age of 18 years, enrolled with a DHB contracted dental provider. At Porirua College, students have the option of using Simply Dental's free, onsite (at school) dental services or enrolling with another contracted dental provider. Simply Dental has been working with our school since 2010. <i>Please indicate your preference below:</i>	
What is the name & phone number of the student's dental provider?	
I wish to enrol my child in the onsite School Dental Programme with Simply Dental. (0800 123 343 www.simplydental.co.nz)	Yes <input type="checkbox"/> No <input type="checkbox"/>
Does your child have any eye problems?	Yes <input type="checkbox"/> No <input type="checkbox"/>
I give permission for any sight testing to improve my child's learning and these tests may be conducted off-site.	Yes <input type="checkbox"/> No <input type="checkbox"/>
Does your child have any hearing problems?	Yes <input type="checkbox"/> No <input type="checkbox"/>
I give permission for any hearing testing to improve my child's learning and these tests may be conducted off-site.	Yes <input type="checkbox"/> No <input type="checkbox"/>
I give permission for dental treatments to be conducted and these treatments may be conducted off-site.	Yes <input type="checkbox"/> No <input type="checkbox"/>

Does your child suffer from or have a history of any of these medical conditions?		
Asthma <input type="checkbox"/>	Epilepsy <input type="checkbox"/>	Diabetes <input type="checkbox"/>
Hepatitis <input type="checkbox"/>	Rheumatic Fever <input type="checkbox"/>	Skin Disease <input type="checkbox"/>
Tuberculosis <input type="checkbox"/>		
Please specify details below of procedures/special steps that need to be followed:		
Does your child suffer from any other medical conditions that the College should be aware of?		
Does your child have any allergies?		
I give permission for first aid/medical assistance to be given to my child (including paracetamol).		Yes <input type="checkbox"/> No <input type="checkbox"/>

Checklist – A copy of the following documents must be enclosed for all students:

1. Birth certificate <u>or</u> passport	<input type="checkbox"/>
2. Proof of living in school zone (e.g. telephone or power account)	<input type="checkbox"/>
3. Signed 'Cybersafety at Porirua College'	<input type="checkbox"/>
4. Signed 'PC Pride Classroom Guide'	<input type="checkbox"/>
Also, for students <u>not</u> born in New Zealand:	
5. Documentation showing NZ residency status	<input type="checkbox"/>

Declaration / Permission:

- If this application is accepted, I / we undertake to ensure that the above named student will observe the school regulations and that all fees, as outlined in the prospectus, will be paid.
- I authorise the inclusion of my child's name, photograph, achievements and successes in school notices and other school based publications. I accept that information given in this form may be used anonymously for educational research purposes. Please advise Porirua College if you do NOT want your child's information / photos to be used.
- Student names and addresses will also be added to the alumni database (only accessible to Porirua College).
- If the school is unable to contact me / us if medical assistance is required (e.g. hospital / doctor visit) the costs will be charged to my / our family.

Name of Parent / Guardian: _____

Signature of Parent / Guardian: _____

Date: ____/____/____