



TE KARAKA

TURANGA TANGATA RITE
ACHIEVEMENT THROUGH UNITY

AREA SCHOOL

For Office use only:	Student:	NSN:	Interview:
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Student Details:

Students Legal Family Name: _____
Students Legal First Name(s): _____
Preferred Name: _____ Previous other names used: _____
Date of Birth: _____ Students Cell Phone #: _____
Ethnicity: (1) _____ Students email address: _____
Ethnicity: (2) _____ Siblings attending TKAS: _____
Iwi affiliation: (If applicable please circle). Te Aitanga-a-Mahaki/ Rongowhakaata/ Ngai
Tamanuhiri/ Ngati Porou)
Other Iwi: (Please specify) _____
Year Level applying for: _____ Male/ female
Current School: _____ Current Year Level: _____
Country of birth: _____
Other Citizenship: _____
First Language: English / Te Reo Maori / Other (Please specify): _____
Te Reo Maori-current level of fluency: _____

Primary Residence: (this is the student's main residence) Mr / Mrs / Miss / Ms

Name of Caregiver 1: _____ Relationship to student: _____
Physical Address: _____
Postal Address: _____ Occupation/ Workplace: _____
Mobile Phone: _____ Work Phone: _____
Home Phone: _____ Email: _____
Name of Caregiver 2: _____ Relationship to student: _____
Physical Address: _____
Mobile: _____ Occupation/ Workplace: _____
Email: _____ Work Phone: _____

Secondary Residence: (If applicable: shared living / custody arrangements)

To receive correspondence: Yes / No
Name of Caregiver 1: _____ Relationship to student: _____
Physical Address: _____
Postal Address: _____ Occupation/ Workplace: _____
Mobile Phone: _____ Work Phone: _____
Home Phone: _____ Email: _____

Emergency Contact: (If we are unable to contact your primary or Secondary caregivers in the 1st instance)

Name: _____ Relationship to student: _____
Mobile Phone: _____ Home Phone: _____

Medical Information:

Please advise any medical conditions that may require emergency healthcare response:
(Include any documentation if necessary): _____

Serious Allergies: _____

Medications: _____

Do we have permission to administer paracetamol/ ibuprofen if required? **Yes / No**

NB: People who have asthma are advised to take ibuprofen with caution. If you do have aspirin-sensitive asthma, ibuprofen can trigger symptoms of asthma or allergy. Please seek medical advice if you are unsure.

I give permission for my child to be treated as necessary by the school designated First Aider or Staff member. **YES/ NO**

YEAR 9 ONLY: Do you give permission for the Year 9 health Check? **Yes / No**

VACCINATIONS: As part of managing health here at TKAS, we do appreciate knowing if your child has been vaccinated.

Fully vaccinated / Some vaccinations / No not at all

Comments: _____

Doctor/ Medical Centre: _____ Dentist/ Dental Centre: _____

Please tick areas of medical concern:

Allergies		Wears glasses/ contact lenses	
Diabetes		Hearing difficulties	
Frequent headaches/ migraines		Anaemia	
Hepatitis		ADHD/ ADD	
Rheumatic Fever/ Heart disease		Epilepsy	
Other (Please specify)		Kidney	
Asthma		School avoidance	
Depression/ Anxiety		Epilepsy	
Frequent period pain		Other	
High blood pressure			

If you have ticked any of the above, please provide details & any medication provided:

Special Learning Needs: (If applicable, please give details)

Uniform Purchase:

I will either pay for the school uniform by Eftpos or at an Automatic Payment amount agreed between myself & the Principal. (Please circle- **Eftpos / Automatic Payment**)

The amount agreed for Automatic Payment is: _____ commencing on: _____

Permission to Photograph: From time to time your child may be photographed taking part in school activities. These photos could be used in a range of school publications, for example; the panui, TKAS Facebook, the Skool Loop or website. Please contact the school if you have any concerns about the publication of your child's photo(s).

General School Events & Activity Permission:

I give permission for _____ to travel to school events or activities within the Gisborne/ Tairāwhiti District. I understand permission will be sought for individual trips to destinations where a cost is involved.

Declarations:

- We agree to accept and uphold the school Protocols, Procedures, Rules and Codes of Behaviour for Te Karaka Area School
- We agree to promptly notify the school of any changes in address and contact details.
- We authorise the transfer of information and data to Te Karaka Area School from the last school attended and any future transfer of information to subsequent learning organisations.
- We agree to supply the school with any relevant health and wellbeing information to ensure appropriate levels of care and support can be delivered on the understanding this information will remain confidential.
- We understand that the school will take no responsibility or liability for the loss or damage of personal communication devices, music devices, or non-uniform items that the student chooses to bring to school.
- We endeavour to see that my/ our child attends regularly & obeys the school rules at all times.

Parent/Caregiver Signature: _____ **Date:** _____

The Privacy Act 1993

The information requested is retained by the school & will be used for the following purposes:

- To provide information to the Ministry of Education
 - To maintain contact with parents/ caregivers
 - To facilitate the operation & administration of the school
 - To enable contact & give appropriate treatment in the event of emergency or student illness
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OFFICE USE:

Date application for enrolment received: _____

Date to start at Te karaka Area School: _____

Year Level to Start: _____

_____ Birth certificate/ Passport sighted & copied

_____ Immunisation certificate sighted & copied

_____ Entered on SMS

_____ Entered on ENROL

Enrolment notes: