



TAUPO-NUI-A-TIA COLLEGE

Application for Enrolment

| Student Information | | | | | |
|---|--|--|---|--|----------------------|
| Surname As on Birth Certificate | | | | MALE / FEMALE | Year Level |
| First Names Underline preferred name | | | | Date of Birth | Date of Entry |
| Ethnic origin | <input type="checkbox"/> NZ European <input type="checkbox"/> NZ Maori <input type="checkbox"/> Pacific Island <input type="checkbox"/> Other (please state) | If Maori please state iwi | | | |
| Siblings currently or previously enrolled TNT | | | Previous Schools | | |
| Student Cellphone | | | | | |
| Student Email | | | | | |
| Additional information in support of your child's enrolment List sports and cultural interests or any other information that will enable us to cater for your child's educational needs | | | | | |
| Previous learning assessment (please specify eg. SPELD) | | | | | |
| Has your child had any discipline issues at any school in the past (please give details) | | | | | |
| Eligibility Please provide a copy of the student's NZ birth certificate or NZ passport or Visa to verify eligibility to attend a NZ school | | | | | |
| Country of Birth | | NZ Citizen <input type="checkbox"/> | NZ Resident <input type="checkbox"/> | Student Visa <input type="checkbox"/> | First Language |

| Medical | | | |
|-----------------------------------|-----|--|----------------|
| Doctor | | | Dentist |
| Medical conditions | | | |
| Permission to give Panadol | YES | | NO |

Caregivers (at student's primary residence)

| Relationship | Mr/s or Ms | First name | Surname | Cell phone |
|--------------|------------|------------|---------|-------------------|
| 1 | | | | |
| 2 | | | | |
| 1 | Workplace | | | Work phone number |
| 2 | Workplace | | | Work phone number |

Contact information main residence

| | | | |
|--|--|---------------|--|
| Home address | | | |
| Postal address <small>If different from above</small> | | | |
| Home phone | | Email address | |

Caregivers (at student's secondary residence – if applicable)

| Relationship | Mr/s or Ms | First name | Surname | Cell phone |
|--------------|------------|------------|---------|-------------------|
| 1 | | | | |
| 2 | | | | |
| 1 | Workplace | | | Work phone number |
| 2 | Workplace | | | Work phone number |

Contact information secondary residence

| | | | |
|--|--|---------------|--|
| Home address | | | |
| Postal address <small>If different from above</small> | | | |
| Home phone | | Email address | |

Emergency Contact Please provide daytime contact information of another adult who would take responsibility for your child if they are sick or need to leave school

| Relationship | Mr/s or Ms | First name | Surname | Cell phone |
|--------------|------------|------------|------------|-------------------|
| | | | | |
| Address | | | Home Phone | Work phone number |
| | | | | |

Why have you chosen Taupo-nui-a-Tia College? (please tick)

Live close to school
 Family attended
 Friends attending

Other – please state reasons

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SCHOOL DONATION AND COMPULSORY CHARGES

The resources provided by the school donation allow the college to operate important parts of the school programme that are not funded by the government. The donation is used to subsidise a wide range of activities as well as to help pay for equipment such as computers, class resources and sports equipment.

The school donation is as follows:

One child enrolled **\$120**, two children enrolled **\$215**, three children or more enrolled **\$285**. As this is a donation, caregivers may claim up to one third on their tax return. Also families who have paid the donation in full will receive a discount on many compulsory charges, sports subscriptions and activities.

Compulsory subject charges are shown in the course booklet

PAYMENT

We encourage caregivers to consider using a system of automatic payments throughout the year. Bank account details: Taupo-nui-a-Tia College 12-3162-0154524-00. An invoice is issued twice a term and posted or emailed home with the school newsletter.

AGREEMENT

- I agree that my child will obey the rules of the school and the bylaws of the Board of Trustees; that attendance will be regular and any absences explained; that regulation uniform will be worn and that charges levied by the Board of Trustees will be paid.
- I agree that my child will not identify the school or its staff in a negative or defamatory manner in any media.
- Contact details may be requested by the Ministry of Education and the Ministry of Social Development
- I give permission for the school to gain relevant information from previous schools and to give information to otherschools, if requested.
- I give permission for the named student's image, work and achievements to be published in school documentation and/or the school website for the purpose of celebrating individual or school achievement.
- The information on this form is collected and used by the school in educating your child, and for associated activities. It is available to all staff and to members of the Board of Trustees. Please advise if you have any concerns about disclosure. You have the right to request access and to request correction of information held about you at the school. We would be grateful if you contact the school office if any details need to be changed

Signature of caregiver

Signature of student Date