



Honour Before Honours  
Kū te mana mō mua i te whakamana

# ŌTOROHANGA COLLEGE

## ENROLMENT FORM

### STUDENT INFORMATION

Student's First Names	
Student's Legal Surname	
Preferred Name	
Date of Birth	
Year Level	9 <input type="checkbox"/> 10 <input type="checkbox"/> 11 <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/>
Previous School	
Ethnic Origin	Māori <input type="checkbox"/> NZ European <input type="checkbox"/> Does the student have affiliation with any iwi? YES <input type="checkbox"/> NO <input type="checkbox"/> If YES, please state iwi affiliation(s) or do not know. _____ Other (Please specify) _____

### CITIZENSHIP

Nationality	Home Language
Do you have permanent residence in New Zealand? YES <input type="checkbox"/> NO <input type="checkbox"/> Students born outside of New Zealand will need to produce their passport and any other documentation	
Exchange Student? YES <input type="checkbox"/> NO <input type="checkbox"/>	International Paying Student? YES <input type="checkbox"/> NO <input type="checkbox"/>
Ōtorohanga College Proposed Start Date	

### ENROLMENT REQUIREMENTS

Please attach a copy of the student's birth certificate if born in New Zealand and for other students, a copy of their passport.  
Please attach a copy of an up-to-date Immunisation Record  
If a student is enrolling from other secondary school, please bring their last school report to the enrolment interview.

### BUS STUDENT

Bus Student	YES <input type="checkbox"/> NO <input type="checkbox"/> Route:
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### HOSTEL STUDENT

Hostel Student	YES <input type="checkbox"/> NO <input type="checkbox"/>
Hostel Enrolment Complete	YES <input type="checkbox"/> NO <input type="checkbox"/>

**CAREGIVER INFORMATION**

Caregiver One Title	Mr <input type="checkbox"/>	Mrs <input type="checkbox"/>	Ms <input type="checkbox"/>	Miss <input type="checkbox"/>
Surname	First Name			
Relationship to Student				
Physical Address				
Postal Address				
Home Phone Number	Mobile Number	Email		
Occupation	Workplace	Workplace Phone Number		
Caregiver Two Title	Mr <input type="checkbox"/>	Mrs <input type="checkbox"/>	Ms <input type="checkbox"/>	Miss <input type="checkbox"/>
Surname	First Name			
Relationship to Student				
Physical Address				
Postal Address				
Home Phone Number	Mobile Number	Email		
Occupation	Workplace	Workplace Phone Number		

**DETAILS OF ANY PARENT NOT A PRESENT CAREGIVER**

Title	Mr <input type="checkbox"/>	Mrs <input type="checkbox"/>	Ms <input type="checkbox"/>	Miss <input type="checkbox"/>
Surname	First Name			
Relationship to Student				
Physical Address				
Postal Address				
Home Phone Number	Mobile Number	Email		
Occupation	Workplace	Workplace Phone Number		

**EMERGENCY CONTACT OTHER THAN ABOVE**

Title	Mr <input type="checkbox"/>	Mrs <input type="checkbox"/>	Ms <input type="checkbox"/>	Miss <input type="checkbox"/>
Surname	First Name			
Relationship to Student				
Home Phone Number	Mobile Number	Workplace Number		

## MEDICAL INFORMATION

Doctor's Name	Phone Number
Dentist's Name	Phone Number
Immunisations - An immunisation record must be attached with this enrolment form	

## CONTINUED MEDICAL DETAILS

Are there any Medical Conditions that the College needs to be aware of?	
If so what treatment is required?	
How often?	
Is there Particular medication to be administered?	
Who does this?	
Where is it kept?	
Is there any point at which further medical help should be sought?	
What would that be?	
Any other information you believe is vital for the College to know	

I/We give the College permission to administer PANADOL when necessary YES  NO

Students enrolled at the College are guaranteed free dental health checks until the age of 18

If the College is contacted by the dentist I give permission for my child's details to be passed on

YES  NO

## SIBLINGS

Do you have son/s or daughter/s who are currently attending or who have previously attended the College?

YES

NO

If YES please provide the following details:

Name:

Year Last Attended:

House:

Name:

Year Last Attended:

House:

## STUDENT ACCESS

Names of any persons who may not have access to student or student information.

## SPECIAL INFORMATION

Does your child have any special learning requirements?

YES

NO

If YES please detail: \_\_\_\_\_

1. Exceptional Abilities: \_\_\_\_\_  
\_\_\_\_\_
2. Learning difficulties: \_\_\_\_\_  
\_\_\_\_\_
3. Sports/Cultural Interests: \_\_\_\_\_  
\_\_\_\_\_

Name of any organization(s)/specialist(s) with on-going professional connection with your child:

## AGREEMENT

- I/We agree that the named student on this enrolment form will wear the correct school uniform, at all times, from leaving home to attend any school function to returning home from it, be subject to general discipline rules of the College and that attendance will be regular.
- I/We give permission for the information gathered by the College to be used for the purpose of educating my child.
- I/We give permission for Ōtorohanga College to use any images or publications showing my / our son's/ daughter's work or self.
- I/We give permission for the College to obtain school records and any other information relevant to my / our child's welfare from previous schools
- I/We agree that non uniform items or inappropriate articles can be confiscated and that Ōtorohanga College takes no responsibility for confiscated items that may be subsequently be lost or misplaced.
- I/We agree that Ōtorohanga College will not be responsible for costs associated with any accident or injury sustained during a school related activity.
- I/We agree to abide by the College Values of Honour Others, Honour Your Environment and Honour Yourself.
- I/We agree that cell-phones are not to be switched on in classrooms and will be confiscated if students use them during lessons and that they are brought to school at the student's

YES

NO

Parent/Caregiver: \_\_\_\_\_ Date: \_\_\_\_\_

Student: \_\_\_\_\_ Date: \_\_\_\_\_

## MPOWA ŌTOROHANGA

Ōtorohanga College liaises with MPowa Ōtorohanga, a project aligned with Mayors Task Force for Jobs, which has been designed to provide information, advice, guidance and support to 16 - 19 year olds, in particular school leavers. In order to assist this service, may your contact information be provided to this agency from your enrolment form on leaving the College

YES

NO

## MINISTRY OF SOCIAL DEVELOPMENT

The contact information on this form is required by law to be shared with the Ministry of Social Development. This is so school leavers may be offered support by organisations contracted to help young people in education or training when they leave school. The information will not be used for any other purpose.