ŌTOROHANGA COLLEGE

Honour Before Honours
Ko te mana mō mua i te whakamana

ŌTOROHANGA COLLEGE

ENROLMENT FORM 2026

STUDENT INFORMATION

Student's First Names	
Student's Legal Surname	
Preferred Name	
Date Of Birth	
Year Level	9 ☐ 10 ☐ 11 ☐ 12 ☐ 13 ☐ Male ☐ Female ☐
Previous School	
Ethnic Origin	Māori ☐ NZ European ☐ Does the student have affiliation with any iwi? YES ☐ NO ☐ 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 ☐ NO ☐

Students born outside of New Zealand will need to produce their passport and any other documentation.

Date student arrived in NZ: _____

Exchange Student? YES ☐ NO ☐	International Paying Student? YES ☐ NO ☐
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 another secondary school, please bring their last school report to the enrolment interview.

BUS STUDENT

Bus Student	NO ☐ YES ☐ Route: _____

CAREGIVER INFORMATION			
Caregiver One Title	Mr ☐ Mrs ☐ Ms ☐ Miss ☐		
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 ☐ Mrs ☐ Ms ☐ Miss ☐		
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 ☐ Mrs ☐ Ms ☐ Miss ☐		
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 ☐ Mrs ☐ Ms ☐ Miss ☐		
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 to 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 organisation(s)/specialist(s) with on-going professional connection with your child:

DIETARY REQUIREMENTS

AGREEMENT

- I/We agree that the named student on this enrolment form will wear the correct College uniform, at all times, from leaving home to attend any College function to returning home from it, be subject to general discipline rules of the College and that attendance will be regular. (90%+)
- 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 the 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 the College takes no responsibility for confiscated items that may be subsequently lost or misplaced.
- I/We agree that the College will not be responsible for costs associated with any accident or injury sustained during a College related activity.
- I/We agree to abide by the College Values of Honour Others, Honour Your Enviroment and Honour Yourself.

YES ☐ NO ☐

Parent/Caregiver: _____ Date: _____

Student: _____ Date: _____

MPOWA ŌTOROHANGA

Ōtorohanga College liaises with MPowa Ōtorohanga, a project aligned with the 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.