# WAIROA COLLEGE ENROLMENT FORM



# STUDENT INFROMATION:

First Name:	Middle Name(s):	Surname:
Preferred First Name:	Date of birth:	Gender:
Current School:	Year level applying for: 7 / 8 / 9 / 10 / 11 / 12 / 13	Sibling(s) attending Wairoa College:
Bus Student:	Which Bus:	Bus conveyance Allowance:
Yes / No		Yes / No

#### **ETHNIC BACKGROUND:** (You may tick more than one)

NZ European	Maori	Please state	lwi:
Pacifica	Please State:		Other: (Please state)

#### **FAMILY INFORMATION:** (this is the student's primary residence while attending Wairoa College)

Parent / Caregiver Surname:	Parent / Caregiver Surname:
First Name:	First Name:
Relationship to student:	Relationship to student:
Address:	
Postcode:	
Cell phone number:	Cell phone number:
Email:	Email:
Occupation/Workplace:	Occupation/Workplace:
Work Phone:	Work Phone:

### Alternative Caregiver: (someone other than main caregivers)

Full Name:		
Address:		
Postcode:		
Relationship to student:	Cell phone number:	Email:
Occupation/Workplace:		Work Phone:

#### **EMERGENCY CONTACT:** (for emergency contact only)

Name:

Phone:

Relationship:

#### SPECIAL LEARNING NEEDS:

Has your child previously had any of the following: Remedial Reading, GSE, Accelerated Programmes or other, which may help us provide for his or her individual learning needs?

#### ATTENDANCE:

I understand my responsibility toward the safety, well-being and education of my child and therefore I also take full responsibility if at any time my child is absent from school without my knowledge. I also undertake to contact the school as soon as possible when my child is legitimately absent.

#### UNIFORM:

I understand the uniform requirements for my child and undertake to ensure that the correct uniform is tidy and worn at all times.

#### PRIVACY

- I agree to Wairoa College collecting personal information and obtaining records (including dental / immunisation records) from the previous school for my child.
- I understand that this information will be used to assist with the education of my child.
- I understand that this information may be shared with health and other education agencies to assist my child.
  I accept that this information may later be used for statistical and/or research purposes and agree, provided publication does not identify me or my child.
- I am aware of the rights of access to, and correction of this information.
- This information may be transferred to another school if the child moves.
- To celebrate student success and achievement I understand that students' work, names or photographs may be published in newsletters, magazines, on the school website etc and on occasions, photographs of students may be collected and displayed for positive publicity.

Signed:	(Parent / Caregivers)
Signed:	(Student)
Date:	

# CODE OF CONDUCT



The school's expectation is that each student; Aims to achieve personal excellence. Learning is the focus of this school People are to be treated with respect and kindness, To work together to provide a safe learning environment. We respect our whakapapa, culture and tikanga. We build positive links with the communities we belong to. When wearing our school uniform we are representing Wairoa College

#### THIS MEANS:

- 1. Attending class on time with the right gear.
- 2. Listening to the teacher and following insturctions.
- 3. Using appropriate language and behaviour to create a positive learning environment.
- 4. Being involved in your own learning and supporting other learners.
- 5. Leaving other people and their property alone.
- 6. Being respectful of the enviornhment and keeping rooms and grounds clean and tidy.
- 7. All electronic devices are to be used appropriately with your teachers's permission.
- 8. Presenting yourself well and wearing your uniform correctly and with pride.

## I understand what the school expects of students and I will abide by the schools Code of Conduct.

Student Name:	Student Signature:
Caregiver Name:	Caregiver Signature:

Office use only	
Core Class:	ENROL Update:
Whanau Class:	<u>NSN:</u>
Enrolment No:	House:
Internet Login:	Birth Certificate copied:
Computer Input:	Dental Form: