

**Te Kāreti o Whangaroa College**  
**Welcome to Whangaroa College**



**Enrolment Form / Pānui Kia Whakakī**  
**2025**

<b>Documentation required at enrolment time:</b>	Student's birth Certificate? Y/N  Vaccination Records? Y/N	When the student is being enrolled by <b>Care-givers or Guardians (not parents):</b> You must provide legal documentation or a verified document witnessed by a Justice of the Peace confirming the right to enrol the student at Whangaroa College.  YES / NO / NOT APPLICABLE
<b>STUDENT DETAILS</b>		
Legal Last Name:		Preferred Last Name (if different):
First Name:		Middle Name(s):
Name they would like to be known as at this school:		
Date of Birth:	Country of Birth:	Gender:
Ethnic background:		Citizenship:
Iwi:	First language in the home:	
<b>ADDRESS DETAILS</b>		
Residential Address:		Postal Address: (Eg PO Box, RD Number)
Primary Caregiver Email address:		
<b>SCHOOL DETAILS</b>		
Last school attended:	Year level in 2023:	School report attached? Y/N
Names of other siblings at college:		
Names of any special friends at college:		

<b>PARENT / CAREGIVER DETAILS</b>		
<b>Caregiver 1</b>		
Relationship to student:		
First Name:	Last Name:	
Solo Parent? YES / NO	Living with child? YES / NO	
Address (if different to student's address):		
Cell Phone:	Home Phone:	Work Phone:
Email Address:		
Occupation:	Work Place:	
<b>Caregiver's signature</b>		
<b>Caregiver 2</b>		
Relationship to student:		
First Name:	Last Name:	
Solo Parent? YES / NO	Living with Child? YES / NO	
Address (if different to student's address):		
Cell Phone:	Home Phone:	Work Phone:
Email Address:		
Occupation:	Work Place:	
<b>Caregiver's Signature</b>		
✓ Please tick the postal address that you would like reports sent to.		
<b>Emergency Contact – In addition to the Parent or Caregiver (MUST BE COMPLETED IN FULL)</b>		
Relationship to the student:		
First Name:	Surname;	
Home Phone:	Work Phone:	Cell Phone:
Address:		
<b>Bus run your student will use: (Tick the correct run)</b>		
Waiare / Huia	Pupuke	
Matauri Bay	Totara North	
Omaunu	Wainui / Whangaroa	
Otangaroa	Walk to school	

<b>Medical, Health and Other Information</b>	
Doctor:	Dentist:
Food Allergies: (Especially important as we provide school lunches. Please be specific.)	
Allergies: (Other)	
Panadol allowed? Yes / No	Medication to be kept at school:
Disabilities or health issues:	Asthma? Yes / No
Any other agencies working with student:	
Are there any current access restrictions imposed by the courts? Yes / No Details Attached	Is Youth Justice involved with your child? Yes / No Details Attached
Please note anything else we need to know about your student:	
<b>In the event your child needs to learn from home: (Circle those that apply)</b>	
We have access to the internet at home:    Yes        No        Sometimes/Poor quality	
We have access to a device at home:        Chromebook    Laptop    Desktop    Phone	

I give permission for the following:

- For the College to contact the previous school of my child and any other agencies involved with him/her for any information considered necessary.
- For my child's name, written work or photograph to be published in school newsletters, school publications, on the school web pages or in any other publication in connection with the promoting of a positive profile for Whangaroa College.
- For my child's name to be on work submitted for external moderation purposes.
- For the Resource Teachers of Learning and Behaviour to assess my child's current learning needs and attainment levels for the purpose of being able to plan and develop specific educational plans should the College have any concerns regarding the progress of my child at this school.
- I understand that students who deliberately damage school property will be required to pay all costs relating to the replacement of any item.
- I will ensure that my child wears the correct school uniform with pride at all times
- I will ensure my child follows the school rules at all times, both in the classroom setting and around the school grounds, and also when away from the school representing Whangaroa College.

Signed: \_\_\_\_\_  
Parent/Caregiver

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

**For College use only**

<b>Task</b>	<b>Person to complete task</b>	<b>Initialled</b>	<b>Date completed</b>	<b>Comment</b>
Interview with Principal	Principal			
Enrolled by	Office Staff			
Original birth certificate sighted	Office staff			
Birth certificate certified copy filed	Office Staff			
Previous school report copied	Office staff			
Interview with Director of Student Well-being includes the gathering of sensitive medical, mental health, educational or personal information not shared on the enrolment form.	DWB			
Previous school information consulted	DWB			
Enrolment form read and pastoral and educational information noted	DSE, DTL			
All external agencies have been Contacted and all related data collected and stored for reference	DWB			
Enrolment approved / not approved by the Principal following consultation with the Director of Student Well-being.	Principal			
Photo taken	Data Manager			
Subjects set	DTL			
Student Expectations	DSE			
Entered in ENROL on line	Office staff			
Entered in PC School	Office staff			
Student Enrolment Number	Office staff			
Timetabled	Office Staff			
AsTTle set up				
School network logon completed	New Era IT			
Student folder made and enrolment documentation filed	Office staff			
Student issued with an orientation package, a tour of the school and introduced to the whanau teacher	DWB			