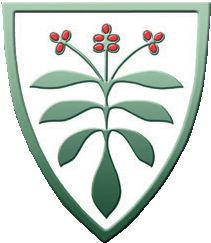
**KARAMU**



**HIGH SCHOOL**

STUDENT INFORMATION:

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **First Name:** | | **Middle Name(s):** | | | **Surname:** |
| **Preferred First Name:** | **Date of birth:** | | **Gender:**  **Male Female Other** | | **Current School:** |
| **Residential Address:**  **Postcode:** | | | | **Postal Address: (if different)**  **Postcode:** | |

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

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **NZ European** |  | **NZ Mãori** |  | **Please state Iwi:** | |
| **Pacifica** |  | **Please state:** | | | |
| **Asian** |  | **Please state:** | | | **Other: (Please state)** |

FAMILY INFORMATION:

APPLICATION FOR ENROLMENT

Year 9, 10, 11, 12, 13

(Please circle)

|  |  |  |  |
| --- | --- | --- | --- |
| **Parent/Guardian 1**  **Surname:** | | **Parent/Guardian 2**  **Surname:** | |
| **First Name:** | | **First Name:** | |
| **Address:**  **Postcode:** | | **Address: (if different)**  **Postcode:** | |
| **Relationship to student:** | | **Relationship to student:** | |
| **Home phone:** | | **Home phone:** | |
| **Work phone:** | | **Work phone:** | |
| **Cell phone no:** | | **Cell phone no:** | |
| **Email:** | | **Email:** | |
| **Occupation:** | | **Occupation:** | |
| **Workplace:** | | **Workplace:** | |
| **Emergency Contact Name:**  **(Someone other than main carers eg Grandparent)** | **Relationship:** | | **Contact Phone Number:** |
| **Doctor: (Name & Phone No)** | | **Dentist:** | |

**Names of brother(s)/sister(s) currently at Karamu: *Office Use Only:***

|  |  |  |
| --- | --- | --- |
| **NAME** | **Year Level** | **House** |
|  |  |  |
|  |  |  |
|  |  |  |

|  |  |
| --- | --- |
| **Date Received:** |  |
| **Birth Certificate Sighted:** |  |
|  |  |
|  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| * **Have any siblings previously attended Karamu** | *(please circle)* | **No** | **Yes** |
| * **Father is an Ex-pupil of Karamu High School** | *(please circle)* | **No** | **Yes** |
| * **Mother is an Ex-Pupil of Karamu High School** | *(please circle)* | **No** | **Yes** |
| * **We have an internet connection at home** | *(please circle)* | **No** | **Yes** |

**AUTHORISATIONS:** *Please circle*

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **1** | **I/we accept that our child will abide by the Karamu Code of Conduct, school rules and guidelines.** | | **Yes** | **No** |
| **2** | **In the case of an accident requiring medical treatment, I/we give permission for the school to seek appropriate medical treatment and transport.** | | **Yes** | **No** |
| **3** | **I/we give permission for our child to be transported in a vehicle as approved by Karamu High School for school activities e.g. Athletic Sports.** | | **Yes** | **No** |
| **4** | **I/we give Karamu High School permission to use information on this form for educational/organisational purposes at Karamu High School.** | | **Yes** | **No** |
| **5** | **I/we give Karamu High School permission to share information relating to our child with other agencies and schools as needed. (e.g. Dental Nurse)** | | **Yes** | **No** |
| **6** | **I/we give Karamu High School authority to obtain information relating to our child from his/her previous schools.** | | **Yes** | **No** |
| **7** | **I/we give permission for images and/or work of our child to be used in school publications (eg Newsletter or Website)** | | **Yes** | **No** |
| **8** | **Students are under the authority of the School while:**   * **Present at School during an official school day;** * **Representing the School at any time whether it’s in sport, cultural pursuits or any other activity;** * **On a School trip whether or not a parent or guardian is also present;** * **On the way to and from School;** * **At any time they are wearing School uniform or clearly identified as representing Karamu High School.** | | | |
| **Signed:** | | **Guardian’s Name:** | **Date:** | |

|  |  |  |  |
| --- | --- | --- | --- |
| **1** | **I accept and will abide by the Karamu Code of Conduct, school rules and guidelines.** | | **Yes No** |
| **2** | **I accept the school’s rules in relation to use of ICT equipment.** | | **Yes No** |
| **Signed:** | | **Student’s Name:** | **Date:** |

|  |
| --- |
| **Please detail below any special medical issues, or learning issues or sensitive information you feel the school should know:** |
|  |
|  |
|  |
|  |

***Office Use Only:***

IMPORTANT

**Please enclose a copy of your Child’s Birth Certificate with this application.**