



KARAMŪ HIGH SCHOOL

ENROLMENT FORM

Knowledge is Strength
He Mana fō te Mātauranga



STUDENT INFORMATION:

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

ETHNIC BACKGROUND: (You may tick more than one)

NZ European		NZ Māori		Please state Iwi:	
Pacifica		Please state:			
Asian		Please state:		Other: (Please state)	

FAMILY INFORMATION:

Parent/Guardian 1		Parent/Guardian 2	
Surname:		Surname:	
First Name:		First Name:	
Address:		Address: (if different)	
Postcode:		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 Karamū: Office Use Only:

NAME	Year Level	House	Date Received:	
			Birth Certificate Sighted:	

• Have any siblings previously attended Karamū (please circle)	No	Yes
• Father is an Ex-pupil of Karamū High School (please circle)	No	Yes
• Mother is an Ex-Pupil of Karamū 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 Karamū 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 Karamū High School for school activities e.g. Athletic Sports.	Yes	No
4	I/we give Karamū High School permission to use information on this form for educational/organisational purposes at Karamū High School.	Yes	No
5	I/we give Karamū 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 Karamū 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: <ul style="list-style-type: none"> • 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 Karamū High School. 		
Signed:		Guardian's Name:	
		Date:	

1	I accept and will abide by the Karamū Code of Conduct, school rules and guidelines.	Yes	No
2	I accept the school's rules in line with the ICT User Agreement.	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:



PROUDLY
KARAMŪ

PROUDLY
HASTINGS

PROUDLY
LEARNING



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