



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:
Doctor: (Name & Phone No)			Dietary requirement:		

ETHNIC BACKGROUND: (You may tick more than one)

NZ European		NZ Māori		Please state Iwi:	
Pacifica		Please state:			
Asian		Please state:		Other: (Please state)	
Does the Student come from a non-English speaking background (please circle) Yes No				If yes, please specify language spoken at home	

PRIMARY CAREGIVER(S) INFORMATION with whom the student normally resides:

Where the student lives at two separate homes, please complete the details of the second address overleaf.

Surname:	Surname:	
First Name:	First Name:	
Address:	Address: (if different)	
Postcode:	Postcode:	
Relationship to student:	Relationship to student:	
Work phone:	Work phone:	
Cell phone no:	Cell phone no:	
Email:	Email:	
Occupation:	Occupation:	
Workplace:	Workplace:	
Emergency Contact Please supply an alternative contact, eg. friend or family member, in case we are unable to contact a caregiver in the event of an accident illness or emergency		
Name:	Relationship:	Contact Phone Number:

Names of siblings currently at Karamū:

NAME	Year Level	House

Names of siblings who have left Karamū:

NAME

• 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

SECONDARY CAREGIVER(S) INFORMATION

Surname:	Surname:
First Name:	First Name:
Address:	Address: (if different)
Postcode:	Postcode:
Relationship to student:	Relationship to student:
Work phone:	Work phone:
Cell phone no:	Cell phone no:
Email:	Email:
Occupation:	Occupation:
Workplace:	Workplace:

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. Dentist).	Yes	No
6	I/we give Karamū High School authority to obtain information relating to our child from their 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:

Please provide the following documentation	Enclosed	Received		Enclosed	Received
All students: <ul style="list-style-type: none"> • Proof of in-zone address (if applicable) e.g. Tenancy Agreement, power or rates statements • Copy of any court orders/protection orders if relevant • Students enrolling in Year 12 or Year 13: NCEA results summary 	<input type="checkbox"/>	<input type="checkbox"/>	Students born in NZ: <ul style="list-style-type: none"> • Copy of Birth Certificate 	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	Students born outside of NZ <ul style="list-style-type: none"> • Copy of Current Visa • Copy of Current Passport 	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>

PROUDLY
KARAMŪ

PROUDLY
HASTINGS

PROUDLY
LEARNING



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