



Paeroa College

ENROLMENT FORM



Mahi Tahī Kia Kaha

The information collected will be used by the school for enrolment and therefore forms an essential part of the information held by the school on your child. The records made from this information may be viewed on request at the school. The information collected may be disclosed to appropriate education, health and welfare authorities and for data gathering purposes by the New Zealand Ministry of Education, in accordance with the principles of the Privacy Act. It will not be disclosed to any other person or agency unless such disclosure is authorised or required by law.

Student Details

First Name: _____	Middle Name: _____
Last Name: (Legal name as per birth certificate) _____	Preferred name: (if different to given name) _____
Date of birth: / / (day/month/year) _____	Male <input type="radio"/> Female <input type="radio"/> Other <input type="radio"/>

In Zone NO OUT OF ZONE ENROLMENTS FOR 2026 - (Refer to our Paeroa College Website for zoning catchment)
Boarding In Zone - (MUST complete statement of Residence Agreement at enrolment)

Level enrolling for: please circle **9 10 11 12 13**

If enrolling in Year 9 or 10, and your student has a foundation level of te reo Māori, they can join Reo Rūmaki. This class will continue to build their te reo Māori. This class will be dependant on numbers.

My student (please tick one): would would not like to join Reo Rūmaki

School currently attending: _____ Year Level: _____

Is the student currently under suspension from a school? Yes No If yes, name of school: _____

Has the student ever been excluded from a school? Yes No If yes, name of school: _____

Which ethnic group(s) does the child identify with? Please circle

Maori Iwi 1: _____ Iwi 2: _____ Iwi 3: _____

NZ European Australian Tongan Samoan Fijian Indian Asian Other: _____

If you are not a citizen or permanent resident of New Zealand, please attach documentation.

Parent / Caregiver Information

Residence A – Parent(s) / Caregiver(s) / Legal Guardian student lives with all or most of the time.

Title: Mr Mrs Ms Miss Other (please specify)

First Name:

Surname:

Residential Address:

Home Phone:

Mobile Phone:

Work Phone:

Email:

Title: Mr Mrs Ms Miss Other (please specify)

First Name:

Surname:

Residential Address:

Home Phone:

Mobile Phone:

Work Phone:

Email:

Residence B – Parent(s) / Caregiver(s) / Legal Guardian student also lives with i.e shared custody agreement.

Title: Mr Mrs Ms Miss Other (please specify)

First Name:

Surname:

Residential Address:

Home Phone:

Mobile Phone:

Work Phone:

Email:

Title: Mr Mrs Ms Miss Other (please specify)

First Name:

Surname:

Residential Address:

Home Phone:

Mobile Phone:

Work Phone:

Email:

In the case of a caregiver/legal guardian not listed on the birth certificate, please provide other legal documentation of caregiver/guardianship. Please provide proof that you are the legal caregiver/guardian – i.e. Court Order

Emergency Contact (friends or family we can contact)

Title: Mr Mrs Ms Miss Other (please specify)

First Name:

Residential Address:

Surname:

Relationship to student:

Home Phone: _____ Mobile Phone: _____

Where to send correspondence/reports:

Both parents Residence A Residence B

Other please specify _____

Where to send accounts:

Both parents Residence A Residence B

Other please specify _____

In the case of separated parents, each parent is entitled to educational information about their child, for example, school reports, and matters which are preventing or slowing a student's progress at school or harming the student's relationships with teachers or other students. This information will be provided unless there is a Court Order preventing it.

Preferred method of contact Email Phone Call Text Letter

Brothers/Sisters (who are currently attending Paeroa College – names and year levels)

BUSES

Are you eligible for the bus? (Refer to the Paeroa College Website) Hikutaia Karangahake Netherton

MEDICAL INFORMATION

To help us care for your child, please answer the following questions about their health:

(Please contact the school nurse if you wish to discuss any health or disability matters in private)

Medical Details		
Medical Conditions: (Please list any allergies, medicines, conditions or disabilities that the school should be aware of)		
I consent to my child being given Panadol / Ibuprofen or Antihistamine if required	YES	NO
In the event of sickness, an accident or an emergency, whereby staff are unable to contact caregivers, do you give permission for the school to make arrangements as necessary for the treatment of your child and agree to meet any costs incurred?	YES	NO
Do you give permission for the school nurse to assess your child to identify any health / social concerns? HEADS Assessment	YES	NO

Learning Support

If you received learning support from your previous school, please list what was the support that you received ie:

- | | | | |
|------------------------|-----------------------|------------------------------------|-----------------------|
| Teacher aide | <input type="radio"/> | Reading recovery | <input type="radio"/> |
| In class support (ICS) | <input type="radio"/> | Help with behavior/self-management | <input type="radio"/> |

Other please specify _____

BYOD / Chromebooks

All students at Paeroa College must have their own laptop or chromebook for use at school.

Paeroa College has some chromebooks available to lease. A signed agreement and a bond of \$100 are required. When the chromebook and charger are returned at the end of each year, the bond will roll over into the following year.

As chromebooks are limited, students are encouraged to supply their own devices. These can be purchased through the college.

If you wish to be issued with a school-owned chrome book, please complete the enclosed chromebook agreement.

Completing the Enrolment Form

These attachments must be supplied with the Enrolment Form:

- A copy of the student's birth certificate if born in New Zealand
- A copy of the passport page with the student's name, date and place of birth if not born in New Zealand
- A copy of the student's residence permit if not born in New Zealand
- Family Court Order if applicable
- Signed Cyber-safety policy agreement.
- Signed blanket consent form for EOTC (Education outside the Classroom)
- Proof of address (e.g: utilities bill, bank statement)

Agreement between Paeroa College , Parents / Caregivers and the Student

(Please tick or cross each of the following and sign below)

I declare that the information provided on this form is true. I will ensure that:

- My child attends school regularly above 90% attendance rate and not be truant.
- An explanation of any absences will be provided.
- I/ We have read and agree the named student will comply with all school behaviour expectations and our school treaty.
- I/We authorize Paeroa College to obtain relevant information from my child's previous school to assist in their further education at this school.
- I/We are aware there are medical services (e.g nurse, doctor, counsellor) available to students at Paeroa College.
- I/We give permission for the named student's images, work, comments and achievements to be published in school documentation, on our school website, social media platforms for the purpose of celebrating individual, group or school achievements.
- I/We give permission to provide support agencies with information about what my child will do when they leave school (e.g. employment or further education).
- My child will wear official school uniform.

Signature of parent/legal guardian:

____/____/____
Date:

Signature of student:

____/____/____
Date