



Enrolment Form

Students Name: _____ Previous School: _____

Enrolling Year Level (please circle): 9 10 11 12 13 In-Zone [] *or* Out of Zone []

Complete **ALL** sections of this **Enrolment Form**.

- Include a photocopy of student's most recent school report.
- If born in New Zealand a photocopy of student's Birth Certificate or passport.
- If **NOT** born in New Zealand include photocopies of student's:
 - Passport **and**
 - Immigration documentation showing Residency Status or Student Visa(This must include the passport from page with photo **and** the visa page for both student & parents)
- Proof of address (required to verify school zone)

Agreement between Hauraki Plains College, Parents/Caregivers and the Student
(Please ✓ or ✗ each of the following and sign below)

- I/We have read and agree with the principles of The Hauraki Way.
- I/We agree that the above named student will abide by the rules and regulations of Hauraki Plains College as stated in the Prospectus / General Information Guide.
- I/We authorise Hauraki Plains College to obtain relevant information from my child's previous school to assist in their further education at this school.
- I/We are aware that there are medical and dental practitioners available to students at Hauraki Plains College.
- I/We give permission for the above named student's image, comments, work and achievements to be published in school documentation and on the school website 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).

Address and phone number details are collected at the time of enrolment and during the student's time at school so that the school can contact the parent or student as necessary. These contact details may also be passed on the Ministry of Education and the Ministry of Social Development (MSD). This is so young people who may have difficulty finding future employment, training or further education can be identified and offered support by organisations contracted by MSD to help re-engage young people in education or training when they leave school.

Parent Signature: _____ Date: _____

Student Signature: _____ Date: _____

Student ID: _____ Start Date: _____ Class: _____ River Group: _____
Hapu: _____ Enrolled by: _____ *(office use only)*

HPC Enrolment Form

Student Information				
Legal Surname <small>(as on Birth Certificate)</small>				
Legal First Name <small>(as on Birth Certificate)</small>				
Preferred Name				
Birth Date / /	<input type="checkbox"/> Male <input type="checkbox"/> Female	Start Date at HPC / /
Country of Birth				
Students Ethnicity <small>Please tick as appropriate (this information is required by the Ministry of Education for statistical purposes).</small>	<input type="checkbox"/> Maori	Iwi 1: _____	<input type="checkbox"/> Tongan	Iwi 1: _____
	<input type="checkbox"/> NZ European	<input type="checkbox"/> Australian	<input type="checkbox"/> Samoan	
	<input type="checkbox"/> Fijian	<input type="checkbox"/> Indian: _____	<input type="checkbox"/> Asian: _____	<input type="checkbox"/> Other: _____
Siblings (currently or previously at HPC)				

Medical Details		
Medical Conditions <small>(Please list any allergies, medicines, conditions, or disabilities that the school should be aware of)</small>		
I consent to my child being given Panadol for pain relief if required	YES	NO

School Communications	
<small>(If you wish to receive the HPC e-Bulletin and other school communications, please provide an email address)</small>	
Email	

Parent / Caregiver Information					
Residence A – Parent/Caregiver(s) student lives with all or most of the time					
CG1	Relationship to Student	Title	First Name	Surname	Mobile
	Relationship to Student	Title	First Name	Surname	Mobile
CG2	Number/Street	RD #	Town		Postcode
	Number/Street	RD #	Town		Postcode
Home Phone	Work Phone		CG1	CG2	

HPC Enrolment Form

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

CG1	Relationship to Student	Title	First Name	Surname	Mobile	
	Relationship to Student	Title	First Name	Surname	Mobile	
CG2	Relationship to Student	Title	First Name	Surname	Mobile	
	Relationship to Student	Title	First Name	Surname	Mobile	
Physical Address		Number/Street	RD #	Town	Postcode	
Postal Address (If different from above)		Number/Street	RD #	Town	Postcode	
Home Phone			Work Phone	CG1	CG2	
Email						
Do you wish to receive a copy of your student's school report?					YES	NO
Do you wish to receive a copy of the school e-Bulletin and newsletter?					YES	NO

Emergency Contact – In case of emergency it may be necessary to contact another person if caregivers are unavailable, e.g. relative, friend, neighbour

Relationship to Student	Title	First Name	Surname	Mobile
Relationship to Student	Title	First Name	Surname	Mobile
Address	Number/Street		Town	Home Phone
Address	Number/Street		Town	Home Phone

Parent(s) not in a living arrangement with student – A natural mother or father not living with a child* i.e. no shared custody agreement

Please list here any such person(s) you wish the school to recognise

Mother's Full Name:	Father's Full Name:
Home Address:	Home Address:
Home Phone:	Home Phone:
Mobile:	Mobile:
Work Phone:	Work Phone:
Email:	Email:

Custodial Statement

Are there any formal custodial arrangements concerning your child?	YES	NO
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If YES, please give details (and provide verified copies of) any custodial arrangements or court orders:

The Hauraki Way:

- H Hands off other people and their property
- A Arrive on time and ready to learn
- U Use appropriate language at all times
- R Respect each other. Respect our school
- A Alcohol, smoking and drugs are not permitted
- K Keep in the school grounds
- I Instructions must be followed; teachers are in charge

- W Wear our uniform with pride
- A Always let others learn
- Y You are responsible for your own actions

