



STUDENT PROFILE

Legal surname _____
 Legal first name _____
 Legal second name(s) _____
 Preferred name _____
 Gender Female Male
 Date of Birth _____

SPECIAL CHARACTER PROFILE

Which religion does your child affiliate with?

Anglican Ringatu Mormon Ratana Catholic other _____

If your child is Catholic are they

Baptised Yes No
 Confirmed Yes No
 First Holy Communion Yes No

SACRAMENTAL PROGRAMME

If the student has not received any or all of the Sacraments, are you interested for him/her to participate in the Sacramental Programme of the school and receive the Sacrament/s? Yes No

NOTE: If your child is not Catholic they are required to attend the Sacramental programme please confirm that you are happy with this Yes No

Would you like your child to be?

Baptised Yes No
 Confirmed Yes No
 First Holy Communion Yes No

MAORI

Iwi _____

Fluency in languages Maori Yes No English Yes No Other _____

Whanau Taurira Tawhito (Old boy/ girl) Yes No

Who _____

PROPOSED ENROLMENT DATE

Start Term 1, 2015 Yes No Other (Please State) Start Date: _____

Type of application Day student Kainga/ hostel student

Where did you hear about us? Whanau Newspaper Television Friends Other _____

Year Level I will be entering as Yr 9..... 10..... 11..... 12..... 13.....



WHANAU PROFILE

-PRIMARY (Person child lives with)

Legal surname _____

Legal first name _____

Relationship _____

Physical address _____

Postal address _____
(Primary mailing address for reports and accounts) Receive Reports Yes No

Telephone _____

Mobile Phone _____

Email _____

Status Married Divorced Widowed Single Separated
Bachelor Parent Partner Re-Married

Occupation _____

Work phone _____ Extension _____

Work Address _____

Fluency in languages Maori Yes No English Yes No Other _____

-SECONDARY

Legal surname _____

Legal first name _____

Relationship _____

Physical address _____

Postal address _____
(Primary mailing address for reports and accounts) Receive Reports Yes No

Telephone _____

Mobile Phone _____

Email _____

Status Married Divorced Widowed Single Separated
Bachelor Parent Partner Re-Married

Occupation _____

Work phone _____ Extension _____

Work Address _____

Fluency in languages Maori Yes No English Yes No Other _____

OTHER EMERGENCY CONTACT

Please list one other emergency contact person if primary or secondary caregiver is unreachable.

Full Name _____

Relationship to Student _____ Telephone _____

Address _____



HEALTH PROFILE

Doctor: _____

Contact Details: _____

Dentist: _____

Contact Details: _____

Has your child had the following? Yes No

- Rheumatic Fever
- Tonsillitis
- Asthma (If yes, please ensure your child has enough of medication to last the whole term)
- ADHD
- Aspergers
- Chicken Pox

Is your child allowed Panadol? Yes No

Is your child allowed Ibuprofen? Yes No

Please check against the enclosed schedule on the back page; is your child up to date with immunisations? Yes No

What was their most recent immunisation? _____

If no, have they had any the following illnesses? Yes No

If yes, when?

- Whooping cough: _____
- Measles: _____
- Rubella: _____
- Mumps: _____
- Hepatitis: _____
- Meningococcal Disease: _____

Does your child suffer from any on-going medical conditions? Yes No

If yes, please state what they are.

Does your child take any regular medications? Yes No

If yes, please state what they are, what they are for and how often they should be taken?

Does your child have any allergies to any medication that you know of? Yes No

If yes, what happens when you take that medication?

Do you have any allergies to any foods? Yes No

If yes, what happens when you take that food?



LEARNING PROFILE

Previous School _____
Date last attended _____
Year level of last school _____

Are there any particular subjects that interest your child? Yes No

What subjects does your child do well in?

What is your child's first language? Can they speak another language? If so please state below.

1st Language _____ 2nd Language _____

Does your child require any special learning requirements? Yes No

- Learning Conditions – Special Education
- Learning Strategies – Learning Assistance
- Psychological
- Social Services
- At risk

If yes, please expand below for each category (use other paper if necessary)

Has your child been stood down, suspended or excluded from any school before? Yes No

If yes, please explain the circumstances (use other paper if necessary)

Have you attached the most recent school report? Yes No

ADMISSION AGREEMENT

1. I/We **agree** to the payment of all tuition, boarding and other fees and expenses. Payment will be made within 21 days from the date of the College invoice. Should my payment go into default, I/We agree to pay an admin fee of \$15.00 which will be automatically added to our account the day following the due date. I/We agree to pay all expenses, including collection costs from obtaining the services of a debt collection company and/or legal fees in relation to any overdue amount that is owed by Me/Us.

I/We agree to the payment of interest at 8% per annum and or withdrawal of my child from the College.

2. I/ We **agree** to pay all costs involved for my child to wear the compulsory school uniform and compulsory kainga uniform.
3. I/ We **agree** to the full participation by my child in religious observance, sacramental programme and instruction at the College and I/We **agree** to the full participation by my child in the Maori cultural activities and Kapahaka.
4. I **irrevocably authorise** the College or any staff member, Trustee, Board member, consultant or professional advisor of the College to furnish to any third party, including but not by way of limitation, the persons named herein as being willing to support this application, details of this application and the information contained herein or to make enquiry of any third party in connection with this application and I irrevocably authorise any third party to provide you with such information as you may require concerning me and my child in connection with this application.
5. I/ We **understand and agree** to the following **Code of Conduct** that applies to all students of the College. Students are not permitted to: Smoke cigarettes, consume alcohol, be involved in any way with illegal drugs or substances, swear at staff or fellow students, bully, be verbally or physically abusive, leave the property without permission from the Senior Management, leave the property without signing out of the Hostel, trespass in kainga (hostel) premises, use the property of others without permission, be absent from class without permission, vandalise property of the College and/ or kainga (hostel).
6. I/ We **acknowledge** that I/ we have spoken to my child and I/ We **agree** to the Student Code of Conduct.
7. I/ We **agree** to notify the College of any change in the information contained in this application as soon as is reasonably practical.
8. I/ We **agree** to the College to administer Panadol and pharmaceuticals prescribed by a medical practitioner as and when necessary to my child.
9. I/ We **agree** for my child to be treated by the college doctor or nurse, dentist and health provider at the discretion of the College.
10. I/ We **agree** for my child to be given emergency medical treatment (including surgery) under the recommendation of a registered medical practitioner and the authority of the college management.



11. I/ We **give** permission for the college doctor or nurse to access my child's medical records should it be necessary.
12. I/ We agree to my child being drug tested if the College senior management suspects that my child is under the influence of illegal substances and/ or suspected of being involved in the use of illegal substances.
13. I/ We **give** permission for my child to participate in college outings, college activities and extra-curricular activities
14. I/ We **agree** as a condition of enrolment, to pay attendance dues at the rate levied from time to time by the Proprietor of the College.
15. I/ We **agree** to pay the replacement costs for any vandalism that may arise as a result of my child's behaviour in the Kainga and/ or at the College.
16. I/ We **acknowledge** that this application may be conditional and I/ we may need to apply for a preference card for my child to be enrolled at Hato Petera College.
17. In accordance with the Privacy Act 1993, I/ We **agree** for the information in this contract and any supplementary information to be made available to health providers, the Ministry of Education, NZ Qualification's Authority, and other state agencies at the discretion of the senior management staff.

SIGNATURES

Caregiver _____ Date: _____

Caregiver _____ Date: _____

Student _____ Date: _____

This application is to be signed by both caregivers or the applicable primary caregiver and student

Checklist

- Copy of Child's Birth Certificate
- If Catholic, copy of Baptismal certificate
- Primary Caregiver Signature
- Student Signature
- Current School Report

FOR MORE INFORMATION

103 College Road, Northcote 0627 Auckland
Telephone (09) 480 7784
Email: admin@hatopetera.school.nz
www.hatopetera.school.nz

National Immunisation Schedule

Age given	Diseases covered and vaccines
6 weeks	Diphtheria/Tetanus/Whooping cough/Polio/Hepatitis B/ Haemophilus influenzae type b 1 injection (INFANRIX® -hexa) Pneumococcal 1 injection (Synflorix®)
3 months	Diphtheria/Tetanus/Whooping cough/Polio/Hepatitis B/ Haemophilus influenzae type b 1 injection (INFANRIX® -hexa) Pneumococcal 1 injection (Synflorix®)
5 months	Diphtheria/Tetanus/Whooping cough/Polio/Hepatitis B/ Haemophilus influenzae type b 1 injection (INFANRIX® -hexa) Pneumococcal 1 injection (Synflorix®)
15 months	Haemophilus influenzae type b 1 injection (Act-HIB®) Measles/Mumps/Rubella 1 injection (MMR®II) Pneumococcal 1 injection (Synflorix®)
4 years	Diphtheria/Tetanus/Whooping cough/Polio 1 injection (INFANRIX-IPV™) Measles/Mumps/Rubella 1 injection (MMR®II)
11 years	Diphtheria/Tetanus/Whooping cough 1 injection (Boostrix™)
12 years girls only	Human papillomavirus 3 doses given over 6 months (GARDASIL™)