

MAIREHAU HIGH SCHOOL

440 Hills Road
Mairehau
Christchurch 8052
NEW ZEALAND

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STUDENT ENROLMENT FORM

SURNAME: _____		PREFERRED NAME (if different) _____	YEAR LEVEL: _____
FIRST NAMES: _____			
GENDER: <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	DATE OF BIRTH: ____ / ____ / ____		
ETHNIC GROUP: <input type="checkbox"/> NZ EUROPEAN <input type="checkbox"/> MAORI (fill in iwi affiliation on back of form) OTHER (please state) _____			
STUDENT'S ADDRESS: _____ Suburb _____ Postcode _____			
PREVIOUS SCHOOL: _____ Name of School _____ City/Town _____			
PRIMARY CAREGIVER DETAILS: (living with student)		PH: _____ CELL: _____	
NAME: Mr/Mrs/Ms/Miss _____		E-MAIL: _____	
RELATIONSHIP (eg Mother): _____		WK PH: _____	
PRIMARY CAREGIVER DETAILS: (living with student)		PH: _____ CELL: _____	
NAME: Mr/Mrs/Ms/Miss _____		E-MAIL: _____	
RELATIONSHIP (eg Father): _____		WK PH: _____	
SECONDARY CAREGIVER DETAILS:		PH: _____ CELL: _____	
NAME: Mr/Mrs/Ms/Miss _____		E-MAIL: _____	
RELATIONSHIP (eg Step-Mother): _____		WK PH: _____	
ADDRESS: _____			
SECONDARY CAREGIVER DETAILS:		PH: _____ CELL: _____	
NAME: Mr/Mrs/Ms/Miss: _____		E-MAIL: _____	
RELATIONSHIP (eg Step-Father): _____		WK PH: _____	
ADDRESS: _____			
EMERGENCY CONTACT: Mr/Mrs/Ms/Miss _____		TELEPHONE: (home) _____	
NAME: _____		TELEPHONE: (work) _____	
ADDRESS: _____		MOBILE: _____	
RELATIONSHIP (eg neighbour): _____		(an emergency contact must have a phone number)	
DOCTOR'S NAME: _____		TELEPHONE: _____	
MEDICAL PROBLEMS: <input type="checkbox"/> YES <input type="checkbox"/> NO If YES, please state: _____			
COUNTRY OF BIRTH: <input type="checkbox"/> NEW ZEALAND <input type="checkbox"/> OTHER (please state) _____		DATE OF ARRIVAL IN NZ _____	

DO YOU HAVE SIBLING(S) AT THIS SCHOOL? YES NO

If YES, please complete details:

NAME: _____ CLASS OR LEVEL: _____

NAME: _____ CLASS OR LEVEL: _____

IWI AFFILIATION:If the student is of **New Zealand Maori** descent please enter the name(s) of his/her iwi.

You may enter more than one iwi. If you do not know the iwi, please enter 'Don't Know'.

Iwi: _____

Rohe (Iwi home area): _____

Iwi: _____

Rohe (Iwi home area): _____

Iwi: _____

Rohe (Iwi home area): _____

WHAT IS THE MAIN LANGUAGE SPOKEN AT HOME: ENGLISH OTHER (please state) _____**WOULD YOU LIKE ASSISTANCE WITH ESOL** (English for Speakers of Other Languages): YES NO**DOES YOUR CHILD COME WITH** ORRS ACC OTHER _____ **FUNDING?**

From time to time we publish photos of students in class or involved in school activities in electronic form eg our school website. If you have any objection to your son/daughter's photo being used please contact the school.

We have read and agreed to the Student Computer & Internet Use Agreement **COPY OF BIRTH CERTIFICATE/PASSPORT ATTACHED** (tick)

Please attach a copy of the student's birth certificate or passport to this form, as we hold this to confirm residency status

I/We will do our best to see that _____ complies with school regulations and acts with common sense and consideration for others.

I/We agree to support the disciplinary measures taken by the school in consultation with me/us.

SIGNED _____
Primary Caregiver DateSIGNED _____
Primary Caregiver Date

I will comply with school regulations and act with common sense and consideration for others.

SIGNED _____
Student DateDATE FIRST ATTENDED _____
(Office use only)**SCHOOL DONATION:** To support the resourcing needs of your son/daughter's learning please consider making the annual school donation of \$85 per student or \$115 per family.**MISSION STATEMENT:***For all students to value themselves and others;
to know they can excel, and to reach their full potential*