



# TE PUKE HIGH SCHOOL

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<input type="checkbox"/>	Birth Cert/Passport/Visa
<input type="checkbox"/>	ICT Agreement
<input type="checkbox"/>	Dental Enrolment
Enrolled by: _____	
(office use only)	

## Application for Enrolment Year 9 2018

Student Legal Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Previous School: \_\_\_\_\_

<input type="checkbox"/> Complete ALL sections of this form	<input type="checkbox"/> Attach completed Digital Citizenship Form
<input type="checkbox"/> If born in NZ include a photocopy of student's Birth Certificate/Passport	<input type="checkbox"/> If born in Australia, include a copy of student's Passport
<input type="checkbox"/> If <b>NOT</b> born in NZ include photocopies of student's:	
1. Passport	
2. Immigration documentation showing Residency Status or Student Visa	
<small>(this must include the Passport front page with photo and the visa page for both the student &amp; parents)</small>	

### Agreement between Te Puke High School, Parents/Caregivers and the Student

- I/We have read and agree with the principles of the Vision, Mission Statement and Core Values of Te Puke High School.
- I/We agree that the above named student will abide by the rules and regulations of Te Puke High School as stated in the Prospectus.
- I/We authorise Te Puke High School to obtain relevant information from my child's previous school to assist their further education at this school.
- I/We are aware that there are medical practitioners available to students at Te Puke High School.
- 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 to 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 Information

Legal Last Name: \_\_\_\_\_ Legal First Names: \_\_\_\_\_  
Preferred Names: \_\_\_\_\_ Gender:  Male  Female  
Previous School: \_\_\_\_\_ Start Date at TPHS: \_\_\_\_\_  
Student Mobile: \_\_\_\_\_ Student Email: \_\_\_\_\_  
Siblings at TPHS: \_\_\_\_\_ Bus Number: \_\_\_\_\_  
If student is funded by ORS, state funding level:  High  Very High

## Ethnicity

Please tick as appropriate (this information is required by the Ministry of Education for statistical purposes)

NZ European  Maori Iwi 1: \_\_\_\_\_ Iwi 2: \_\_\_\_\_ Iwi 3: \_\_\_\_\_  
 Australian  Fijian  Tongan  Samoan  Indian  Asian: \_\_\_\_\_  Other: \_\_\_\_\_

## Citizenship - only complete if NOT born in NZ

County of Birth: \_\_\_\_\_ Date entered NZ: \_\_\_\_\_  
First Language: (language spoken at home) \_\_\_\_\_ ESOL:  Yes  No

NB: Please indicate which documents you have **included copies of** to verify student's eligibility to attend a NZ school.

NZ/Australian Passport  NZ Resident Visa + passport  Student Visa + passport

## Medical Details

Medical Clinic: \_\_\_\_\_ Dentist: \_\_\_\_\_

Please tick if student has any of the following:

Migraine  Asthma  Hayfever  Heart Condition  Hearing Impairment  Vision Impairment  
 Diabetes  Epilepsy  Seizures of any type  Mobility Difficulties  Chronic Nosebleeds  
 Other (please state) \_\_\_\_\_

Has the student had any major injuries (breaks or strains) or illness (glandular or rheumatic fever) in the last six months that may limit full participation in any activities?  No  Yes

If yes, please state the injury or illness: \_\_\_\_\_

Does the student have allergies to any of the following?

	Yes	No	Please specify
Prescription Medication	<input type="checkbox"/>	<input type="checkbox"/>	_____
Food (e.g. nuts, eggs)	<input type="checkbox"/>	<input type="checkbox"/>	_____
Insect bites / stings	<input type="checkbox"/>	<input type="checkbox"/>	_____
Other allergies (e.g. sulfa / latex...)	<input type="checkbox"/>	<input type="checkbox"/>	_____

Do you give permission for First Aid Staff to administer Panadol for pain relief:  Yes  No

## Caregiver Details

### RESIDENCE A - Caregiver(s) student lives with all or most of the time

#### Primary Caregiver 1

Title: (please circle) Mr / Mrs / Ms / Miss / Dr / Rev Relationship to Student: (eg: Mother) \_\_\_\_\_

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Mobile Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Email: (please print clearly) \_\_\_\_\_

#### Primary Caregiver 2

Title: (please circle) Mr / Mrs / Ms / Miss / Dr / Rev Relationship to Student: (eg: Father) \_\_\_\_\_

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Mobile Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Email: (please print clearly) \_\_\_\_\_

#### Home Address

Number & Street: \_\_\_\_\_

Suburb/RD Number: \_\_\_\_\_ Town: \_\_\_\_\_ Postcode: \_\_\_\_\_

Postal Address:  
(if different from above) \_\_\_\_\_

### RESIDENCE B - Caregiver(s) student also lives with, i.e. shared custody arrangement

#### Secondary Caregiver 1

Title: (please circle) Mr / Mrs / Ms / Miss / Dr / Rev Relationship to Student: (eg: Mother) \_\_\_\_\_

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Mobile Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Email: (please print clearly) \_\_\_\_\_

#### Secondary Caregiver 2

Title: (please circle) Mr / Mrs / Ms / Miss / Dr / Rev Relationship to Student: (eg: Father) \_\_\_\_\_

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Mobile Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Email: (please print clearly) \_\_\_\_\_

#### Home Address:

Number & Street: \_\_\_\_\_

Suburb/RD Number: \_\_\_\_\_ Town: \_\_\_\_\_ Postcode: \_\_\_\_\_

Postal Address:  
(if different from above) \_\_\_\_\_

## Emergency Contact (Alternative Local Contact)

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Relationship to Student: (eg: Aunt) \_\_\_\_\_

Home Phone: \_\_\_\_\_ Mobile Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

## Custodial Arrangements

Are there any current Court Orders relating to this young person and his/her family? YES / NO If so, please attach copies.

## Subject Selection

All Year 9 students will be required to study Themes, which will cover the core subjects of English, Mathematics, Science, Social Science and Physical Education/Health. NO selection required for these.

### SPINS - cover the areas of Technology, The Arts and Languages

Students will have 2 Spins per 9 week rotation.

All students must select 8 Spins: **Select 1 from SET 1 and 1 from SET 2** and **6 others** which can come from any SET.

#### SET 1

✓	ARTS
	Art
	Dance
	Drama
	Design & Visual Communication
	Music

#### SET 2

✓	TECHNOLOGY
	Food Technology
	Digital Technology
	Metal Technology
	Soft Material Technology
	Wood Technology

#### SET 3

✓	LANGUAGES
	French
	Japanese
	Spanish
	Te Reo Maori

**Alternative SPINS** - select **4 different choices** as back-up in case your first selections are unavailable. **PLEASE PRINT CLEARLY.**

1. \_\_\_\_\_

3. \_\_\_\_\_

2. \_\_\_\_\_

4. \_\_\_\_\_

### FOCI

All Year 9 students will choose FOCI for the year. FOCI cover extension, interest and support subjects. These will be selected on the first day of school in 2018.

## Vision of Te Puke High School

Inspiring our students and staff to be future focused learners who realize their potential.  
Kia whakaara nga kaiako me nga akonga kia u, kia mataara.

## Mission Statement for Te Puke High School

To provide a stimulating environment that challenges and engages each and every learner.  
Kia whakarite he ruma ako pai ke te whāngai i te hinengaro, te wairua, te tinana o te akonga.

## CORE VALUES

The four interlinking Core Values (known as the 4Rs) describe the way students, staff and parents/caregivers will work together on a day-to-day basis as we pursue our school vision.

### RESPECT Mana Tangata

At Te Puke High School students and staff are expected to always show respect for themselves, other students, staff and the learning environment.

### RESPONSIBILITY Mana Motuhake

At Te Puke High School students and staff are responsible for achieving their personal best through commitment, persistence and self-discipline.

### RELATIONSHIPS Whanaungatanga

At Te Puke High School students, teachers and parents/caregivers are encouraged to form strong positive learning partnerships focussed on improving student learning and achievement.

### REACHING POTENTIAL Whaia Te Matauranga Tiketike

At Te Puke High School students and staff are expected to aim for excellence in everything they do by having high expectations, good self-management and working hard to achieve their personal best; 'Plus Ultra' - Aim High, Whaia Te Matauranga Tiketike.