



TE PUKE HIGH SCHOOL

PO Box 344, Te Puke 3153 T: (07) 573 9769 F: (07) 573 9768
E: tphs@tepuke.school.nz W: www.tepuke.school.nz

<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 11 - 13

Student Name: _____

Year Applying For: Y11 Y12 Y13

- Complete ALL sections of this form
- If born in NZ include a photocopy of student's Birth Certificate
- If **NOT** born in NZ include a photocopies of student's:
Passport/Immigration documentation showing Residency Status or Student Visa
(this must include the Passport front page with photo and the visa page for both the student & parents)
- Attach completed ICT Agreement Form
- Include a copy of student's most recent school report
(including an academic record listing NCEA results)

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: _____

<input type="checkbox"/> Easttle	<input type="checkbox"/> TT Printed	<input type="checkbox"/> Notify Teachers & ICT	<input type="checkbox"/> Add to IDNow	<input type="checkbox"/> ID Photo Taken	<input type="checkbox"/> ENROL	office use only
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Student Information

Legal Last Name: _____ Legal First Names: _____

Preferred Names: _____ Date of Birth: _____

Previous School: _____ Gender: Male Female

Start Date at TPHS: _____ Siblings at TPHS: _____

Student Mobile: _____ Student Email: _____

If student is funded by ORS, state funding level: High Very High

Bus Number: _____ Distance from School _____

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 (to be completed by Careers Teacher or Head of House)

Subject Choices in order of preference:

Small Group _____

1. _____
2. _____
3. _____
4. _____

5. _____
6. _____
7. _____

Alternative _____

List any other information that will enable us to cater for your child's educational needs:

(e.g. learning needs / personal, family, social circumstances / activities & achievements / sports, musical or other interests)

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.