



# 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 11 - 13

Student Full Name: \_\_\_\_\_

Year Applying For:  Y11  Y12  Y13

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

- 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: \_\_\_\_\_

## 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: \_\_\_\_\_ ESOL:  Yes  No  
(language spoken at home)

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

## Health & Hauora Information

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

Please tick if your child has any of the following:

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

Does your child take any regular prescription medication that we need to be aware of?  No  Yes

If yes, please advise: \_\_\_\_\_

Please list any allergies/dietary requirements your child has: \_\_\_\_\_

Do you give permission for First Aid Staff to administer Panadol for pain relief:  No  Yes - 1 tablet  Yes - 2 tablets

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

Please indicate if your child has displayed (traits of) or been diagnosed with any of the following:

ADD/ADHD  ASD  Dyslexia / Auditory Processing Disorder  Anxiety  
 Other (please state) \_\_\_\_\_

Has your child received any of the following supports?

SAC (Special Assessment Conditions)  MOE Learning Support  RTLB - Resource Teacher for Learning & Behaviour  
 SPELD/Cellfield/Other Learning Agencies  ICS In Class Support  CHIRP / CAMHS  Vision / Hearing Assistive Technologies

## 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:

Ngā Puna \_\_\_\_\_

1. \_\_\_\_\_
  2. \_\_\_\_\_
  3. \_\_\_\_\_
  4. \_\_\_\_\_
  5. \_\_\_\_\_
  6. \_\_\_\_\_
- Alternative \_\_\_\_\_
- 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

# Guiding Principles / Nga Mātāpono

## Vision / Anga Whakamua

Rapua te huarahi ki te tiketike oranga mutunga kore.

Inspiring our students and staff to realise their potential through being future-focussed, lifelong learners who have a strong sense of identity.

## Mission / Te Manawanuia

Kia tu rangatira i roto i tenei ao.

To engage and challenge each and every learner to fulfil the Core Values

## Core Values / Nga Uaratanga

Ma te mohio ka marama whaia kia mau.

### RESPECT

Value Learning  
Value People  
Value Culture  
Value Property  
Value Manners

### RESPONSIBILITY

Be Willing & Ready to Learn  
Taking Ownership  
Managing Self  
Be Accountable  
Be Punctual

### RELATIONSHIPS

Positive Interactions  
Unconditional Inclusion  
Mutual Trust  
Collaboration  
Effective Teamwork

### RESILIENCE

Be Determined  
Persevere  
Be Motivated  
Kia Kaha  
Push Yourself

### REALISING POTENTIAL

Aim High  
Get Involved  
Work Hard  
Be Positive  
Celebrate Success

