



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

OFFICE USE ONLY

<input type="checkbox"/> Birth Cert/Passport/Visa	<input type="checkbox"/> Rumaki Application
<input type="checkbox"/> ICT Agreement	<input type="checkbox"/> Plus Ultra Application
<input type="checkbox"/> Dental Enrolment	<input type="checkbox"/> Health Form

Enrolled by: _____

Interview time: _____ Interview date: _____

Application for Enrolment Year 9

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 NOT 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 & 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: _____ 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

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

OPTIONS - cover the areas of Technology, The Arts and Languages

Students will have 2 Options per 9 week rotation.

All students must select 8 Options: Please select from a range of learning areas and number in order of preference from 1 - 8.

SET 1		SET 2		SET 3	
	ARTS		TECHNOLOGY		LANGUAGES
	Art		Food Technology		French
	Dance		Digital Technology		Japanese
	Drama		Wood Technology		Te Reo Maori
	Design & Visual Communication		Metal Technology		
	Music		Mixed Material Technology		

Alternative OPTIONS - select 2 different choices as back-up in case your first selections are unavailable. **PLEASE PRINT CLEARLY.**

1. _____

2. _____

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