



SECTION 1

STUDENT INFORMATION Please PRINT clearly and neatly

Family Name, First Names, Preferred Name, Report Name, Gender, Date of Birth, BC No, Regular student / Other, Student's Physical Address, Student's Postal Address, Number, Street, Postcode, Suburb, Postcode, Bus Route No, Home Phone No., Passport No., Visa Type, Date of Entry to NZ, Visa Serial No., Visa Expiry, Nationality, Ethnicity, First Language, Iwi

CAREGIVER DECLARATION

1. The student will be living with their parent(s) at this address Yes No
2. I have lived at this address for more than a year Yes No
3. If YES to Question 2 this is: (a) my only residential address Yes No
(b) my main residential address Yes No
If NO to Question 2: my other address is:
4. If NO to Question 2 - I own the above property Yes No
5. The student attended Kura Kaupapa Yes No
6. The application is for an In Zone enrolment Yes No
7. The application is for an Out of Zone enrolment Yes No
8. The Out of Zone application qualifies because the enrolling student has a sibling currently attending Pukekohe High School Yes No
Signed (person enrolling student)

PHS USE ONLY

Interview Date, Year level for Study at Enrolment, Enrolment No, House, Form Class, Vertical Form, Start Date

PEPEHA IDENTIFICATION

Marae, Waka, Awa, Maunga, Hapu

PARENT / CAREGIVER INFORMATION (living at student's address)

Mail to Whom: Please tick box alongside person who should be sent mail

Table with columns: Relationship, Title, Family Name, First Name, Occupation, Work Phone, Mobile Phone

PARENT / other EMERGENCY CAREGIVER INFORMATION (not living at student's address)

Home email address

Table with columns: Relationship, Title, Family Name, First Name, Address, Home Phone, Mobile Phone

Student's email address, mobile, Home email address

SECTION 2



ENGLISH AS A SECOND LANGUAGE:

Other than English, what is the language spoken at home?
Has your student arrived in New Zealand in the last FIVE years? Yes / No
Has your student ever received ESOL assistance Yes / No

SENSITIVE INFORMATION (eg: access to students denied)

Blank lines for sensitive information

INTERESTS AND ACHIEVEMENTS

Sports, Drama / Music, Instrument, Years, Cultural, Other

Brothers / Sisters at PHS

Name(s) and their current details, Yr and Vfm

Learning Support: (identified learning difficulties eg: dyslexia, recent RTL, reading recovery, ORRS funding etc)

Does your student have assistive technology? YES / NO

Pastoral Needs:

Current School, Year / Room, Dean / Teacher name, Year 6 School, First School in New Zealand

STUDENT'S COURSE at Pukekohe High School

NSN Number, For students starting during the school year, what subjects are you currently studying? Year 9 Subjects, Choose and tick one language to study, Choose and tick one Option for MUSIC, Year 10 Subjects, Year 11 / 12 / 13

PHS CHECK LIST

Person enrolling to complete, In Zone Enrolment Accepted, Out of Zone Enrolment Received, Database Manager to complete

THE PRIVACY ACT 1993 - To CONSENT place a tick in each box, to REFUSE place a cross in each box.

In compliance with the Privacy Act of 1993 Pukekohe High School requires consent from the student and parents / caregivers to publish the name, photographs or work (including video / audio) of the student in any publication from the school...

school newsletters, school website / PukekoheNet, press releases, Any school publications

The information on this card will be used for school purposes only under the terms of the Privacy Act but the Act also allows for government agencies to request student information from the school.

DECLARATION

We do honestly and sincerely declare that to the best of our knowledge and belief, all of the information given on this form is entirely true and correct. We agree that the school may contact us by email or mobile phone message...

Mother / Guardian, Father / Guardian, Other Caregiver, Date, I agree to follow the school's requirements as set out in the Prospectus and other documents...

SECTION 3

HEALTH INFORMATION

Student's Name: _____ Date of Birth: _____
 NHI Number (if known): _____ Year Level: _____
 Name of person filling out this form:
 Name: _____ Relationship to student: _____

DOCTOR / DENTIST
 Which doctor / clinic does the student go to?
 _____ Ph: _____
 Which dentist does the student go to?
 _____ Ph: _____

HEARING / VISION / SPEECH
 Please describe any difficulty your student has with any of the following:

Hearing	Vision	Speech

MEDICAL CONDITIONS

Medical Condition	Please circle		Comment
Asthma (trouble breathing) Do they have an inhaler? Do they have an Asthma Action Plan?	Yes	No	If yes, what is the name of the medicine they take?
Cardiac / Heart Problems Do they take medicines?	Yes	No	If yes, what is the name of the medicine they take?
Diabetes (sugar in the blood) Do they take any medicines or injections?	Yes	No	If yes, what is the name of the medicine they take?
Epilepsy (fits or seizures) Do they take any medicines?	Yes	No	If yes, what is the name of the medicine they take?
Migraines Do they take medicines?	Yes	No	If yes, what is the name of the medicine they take?
Rheumatic Fever Do they take medicines or injections?	Yes	No	If yes, what is the name of the medicine they take?
Are there any other medicines that you haven't already mentioned?	Yes	No	If yes, what is the name of the medicine they take?
Is there anything else you think we should know about?			

This information will be used by the nurses and only shared with others who need to know, for example, the Ambulance Service, Emergency Department or Public Health Nurses. If this information is to be passed on you will be notified as soon as possible.
 If you are unsure about any of the questions or would like to discuss any of the following, please phone our Registered School Nurses, on 09 237 0195 DDI / 09 237 0117 ext 212.



ALLERGIES

Allergic reaction:	Please circle				What happens to them?
	Severe	Moderate	Mild	No	
Nuts					
Bees					
Medicines					
Other					
Have they ever been told that they require an epipen?	Yes		No		If yes, have you supplied the school with the appropriate medication that may be required? YES / NO

PERMISSION FOR GIVING MEDICATION AT SCHOOL
 Sometimes it may be necessary for the nurse to consider giving students medication at school.

Medicine	Please circle		I give permission for the School Nurse to give _____ this medicine if they have examined them and believe that it would help. Parent/Guardian Signature: _____ Please print your name: _____
	Yes	No	
Paracetamol (eg: Panadol)			
Ibuprofen (eg: Nurofen)			
Antihistamen			

NOTE
 In case of a serious illness or accident students will be taken to a doctor for care. An ambulance may be called if necessary. Please ensure that the school has your most current contact details so that a parent/guardian may be called.

SECTION 4

**Welcome to Pukekohe High School – A Positive Place of Learning
 Nau mai, haere mai. He wāhi whai mana ki te rapu mātauranga**



We want to make sure we meet your educational expectations over the next five years. Please take this time to record your hopes for your student's academic and personal learning while they are at Pukekohe High School. We encourage you to have these conversations with your student too and look forward to hearing more about them in our first meeting with you.

STARTING SECONDARY SCHOOL
 What is the most important aspect of your student's transition into secondary school?

GETTING INVOLVED
 What extra-curricular activities do you hope your student will get involved with at Pukekohe High School?

PERSONAL DEVELOPMENT
 For you, what are the most important things we can nurture in your student's personal development?

 Why do these matter to you?

SCHOOLING ACHIEVEMENTS
 What do you hope your student has achieved/is doing in FIVE years time?

FUTURE THINKING
 What do you hope your student has achieved/is doing in TEN years time?

