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

##### Does your student have assistive technology? YES / NO

**Brothers / Sisters at PHS**

**Name(s) and their current details**

**­­­­­­­­­­­­­­ Yr and Vfm**

**­­­­­­­­­­­­­­ Yr and Vfm**

**Yr and Vfm**

## INTERESTS AND ACHIEVEMENTS

**Sports**

**Drama / Music**

**Instrument \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Years**

**Cultural**

### 

### Other

**SENSITIVE INFORMATION** (eg: access to students denied)

##### 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

**SECTION 2**

## STUDENT INFORMATION Please PRINT clearly and neatly

**Family Name** **First Names**

**Preferred Name** \_\_\_\_\_\_\_­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Report Name**

**Gender M / F Date of Birth** \_\_\_ **/**\_\_\_ **/**\_\_\_\_ **BC No**  **Regular student / Other**

**Student’s Physical Address Student’s Postal Address** (if different from physical address)

**Number** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Stree**t \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Postcode** \_\_\_\_\_\_\_\_\_\_\_\_

**Suburb** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Postcode** \_\_\_\_\_\_\_\_\_\_\_\_ **Bus Route No \_\_\_­\_\_\_\_\_\_**

**Home Phone No.** **(**\_\_\_**)** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Passport No.**  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Visa Type** (circle one) Residency visa, Visa domestic, Visa with conditions of study, Limited purpose permit.

**Date of Entry to NZ** \_\_\_\_ / \_\_\_\_ / \_\_\_\_ **Visa Serial No.** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Visa Expiry\_\_\_\_/\_\_\_\_/\_\_\_\_**

**Nationality** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Ethnicity \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ First Language** ­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Iwi** 1)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 2)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 3)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**SECTION 1**

**Enrolment Application and Declaration**

##### Pastoral Needs:

**STUDENT'S COURSE at Pukekohe High School**

**NSN Number** (if known): **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

For students starting during the school year, what subjects are you currently studying?

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

# Year 9 Subjects:

# Choose and tick one language to study:

# 🞏 French 🞏 Japanese 🞏 Te Reo Māori

**Choose and tick one Option for MUSIC:**

Option 1: Band – practical based, instrument hire $55 🞏

Option 2: Core Music – basic music theory and practical 🞏

**Year 10 Subjects**:  \_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*first choice second choice third choice*

**Year 11 / 12 / 13** (circle level) **[Attach separate completed course sheet]**

**Current School** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Year / Room** \_\_\_\_\_\_\_\_\_\_

Dean / Teacher name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Year 6 School** (if different from current school) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**First School in New Zealand** (if different from current school)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**PHS CHECK LIST**

**Person enrolling to complete**

* Birth Certificate - copy attached
* Proof of address - copy attached
* Residency Status – copies of passport pages for both student and parents as listed, attached.

□ Students Visa

□ Parents Visa

□ Visa Expiry date

□ Personal detail page

□ Date of Entry to NZ stamp

* Declaration fully completed.

In Zone Enrolment Accepted

On \_\_\_\_ /\_\_\_\_ /\_\_\_\_

By \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Out of Zone Enrolment Received

On \_\_\_\_ /\_\_\_\_ /\_\_\_\_

By \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Out of Zone acceptance confirmed\_\_\_\_\_\_\_\_)

**Database Manager to complete**

Entered on Computer

On \_\_\_\_ /\_\_\_\_ /\_\_\_\_

By \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of Leaving \_\_\_\_ /\_\_\_\_ /\_\_\_\_

**Student’s email address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ mobile \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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

**Relationship Title Family Name First Name Address Home Phone Mobile Phone**

□ ( ) ( )

Mr/Mrs/Miss/Ms/Dr

□ ( ) ( )

Mr/Mrs/Miss/Ms/Dr

### PHS USE ONLY

Interview Date

\_\_\_\_ /\_\_\_\_ /\_\_\_\_

Year level for Study at Enrolment

\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Enrolment No

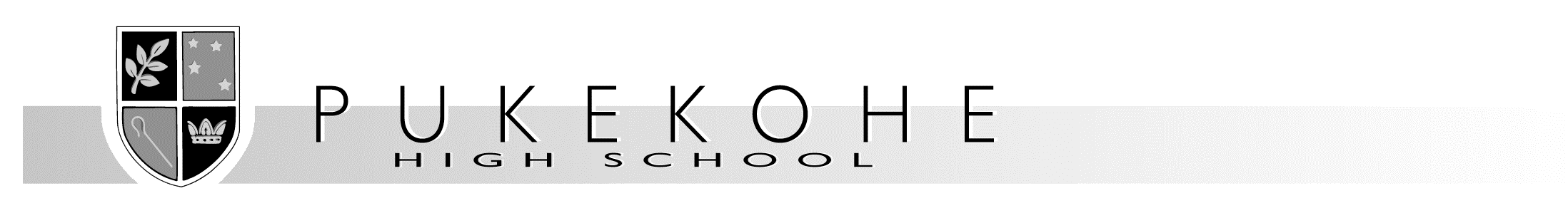
House

Form Class

Vertical Form

Start Date

\_\_\_\_\_\_\_\_\_



##### PEPEHA IDENTIFICATION Marae: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Waka: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Awa: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Maunga: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Hapū: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

##### 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 NOto 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)

**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, including the school’s website and ultranet, should the need arise.

🞏 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. (Student’s signature)

**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. We accept and agree to the school’s requirements for uniform, attendance, computer use and behaviour. We acknowledge our responsibility for the behaviour of our student and our obligation to the school, including the payment of subject and other fees.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_­­­­\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

#### Mother / Guardian Father / Guardian Other Caregiver Date

I agree to follow the school’s requirements as set out in the Prospectus and other documents, particularly regarding uniform, attendance, computer use and behaviour. **(Student’s signature)**

**PARENT / CAREGIVER INFORMATION *(living at student’s address)* Mail to Whom**: **Please tick box alongside person who should be sent mail**

**Relationship Title Family Name First Name Occupation Work Phone Mobile Phone**

□ ( ) ( )

Mr/Mrs/Miss/Ms/Dr

□ ( ) ( )

Mr/Mrs/Miss/Ms/Dr

**Home email address**

**Home email address**

**HEALTH INFORMATION**

**Welcome to Pukekohe High School – A Positive Place of Learning**

***Nau mai, haere mai. He wāhi whai mana ki te rapu mātauranga***

**SECTION 4**

**SECTION 3**

## 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.

## If you are unsure about any of the questions or would like to discuss any of the following with either of our two Registered School Nurses, please contact Mrs Natalie Avery or Mrs Emma Harper on 09 238 6089 ext 212.

**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:  **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |
| **Paracetamol**  **(eg: Panadol)** | Yes | No |
| **Ibuprofen**  **(eg: Nurofen)** | Yes | No |
| **Antihistamen** | Yes | No |

**ALLERGIES**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Allergic reaction:** | **Please circle** | | | | | **What happens to them?** |
| **Nuts\** | Severe | Moderate | | Mild | No |  |
| **Bees** | Severe | Moderate | | Mild | No |  |
| **Medicines** | Severe | Moderate | | Mild | No |  |
| Other | Severe | Moderate | | Mild | No |  |
| 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** |

## 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.

### GETTING INVOLVED

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

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**MEDICAL CONDITIONS**

|  |  |  |  |
| --- | --- | --- | --- |
| **Medical Condition** | **Please circle** | | **Comment** |
| **Asthma (trouble breathing)**  Do they have an inhaler?  Do they have an Asthma Action Plan? | Yes  Yes | No  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? |  |  | |

**HEARING / VISION / SPEECH**

Please describe any difficulty your student has with any of the following:

|  |  |  |
| --- | --- | --- |
| **Hearing** | **Vision** | **Speech** |

**DOCTOR / DENTIST**

Which **doctor / clinic** does the student go to?

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Ph: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Which **dentist** does the student go to?

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Ph: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Student’s Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date of Birth:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**NHI Number (if known):** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Year Level:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Name of person filling out this form:**

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relationship to student: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

### 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.

### 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?

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

### STARTING SECONDARY SCHOOL

### What is the most important aspect of your student’s transition into secondary 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?

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_