



Matamata College

"Quality Education for All"

"Mā mahi,
ka ora"



Section 1 TO BE COMPLETED BY OFFICE STAFF

OFFICE USE ONLY:

Student ID Number: _____ NSN: _____ Start Date: _____

Regular Student / Foreign Fee Paying Student / Foreign Exchange Student (circle)

Passport Photo Page & Visa Page (a copy of which must be kept on file where student is NOT a NZ citizen) Yes / No

Sections 2 – 8 MUST BE COMPLETED BY PARENT / CAREGIVER

Section 2 DETAILS OF STUDENT

Legal Surname: _____

Preferred Surname (if different from above): _____

Legal First Name(s): _____

Preferred First Name(s) (if different from above): _____

Date of Birth: _____ Male / Female: (circle) Year Level: 9 / 10 / 11 / 12 / 13 (circle)

Student's own Personal Cell Phone: _____

Student's Own Personal Email:

Current School: _____

Siblings at Matamata College: _____

Country of Birth: _____ First Language: _____

NZ Citizen: Yes / No **IF NOT A NZ CITIZEN, PLEASE PROVIDE A COPY OF YOUR PASSPORT PHOTO PAGE AND VISA STATUS**

Ethnicity: e.g. NZ European / Pakeha / Maori / Samoan / British etc. or other _____

If NZ Maori please provide Iwi: _____

Section 5 LOCAL EMERGENCY CONTACT DETAILS (OTHER THAN A PARENT)

Name of Contact No. 5

Mr / Mrs / Miss / Ms (please circle): _____

Relationship to Student: _____

Home Phone: _____ Cell Phone: _____ Work Phone: _____

Section 6 MEDICAL DETAILS

Doctor: _____ Dentist: _____

Physical Disabilities: _____

Allergies: _____

Other Information: _____

Medication: _____

Section 7 NON-CUSTODIAL PARENTS / CAREGIVERS DETAILS

Are there any restrictions imposed by court orders on access or information on the above student by the non-custodial parent / caregiver? YES / NO **Please attach a copy of this court order.**

Do you wish that Newsletters, Reports and Accounts are posted to the non- custodial parent / caregiver? YES / NO **Please provide name & postal address if not given in Caregiver Details**

Section 8 PARENT'S / CAREGIVER'S UNDERTAKING

I request that my son/daughter/student be admitted to Matamata College. I agree that he/she will attend school regularly and punctually except in cases of illness or with permission of the Principal; will wear the College uniform as described and observe the College guidelines, rules and regulations. I agree to pay any fees incurred. I authorise Matamata College staff in the event of an emergency accident / illness to arrange and administer if necessary, any medical treatment for the student in our care. I agree to Matamata College holding personal details of my son/daughter of family addresses, contact numbers, knowing full well that this information will be treated with confidentiality and will not be used for any other purpose other than a contact reference point by Matamata College.

This information is gathered for the purposes of furthering the education of your child. It will be used within the school and as statistical information when required by the Ministry of Education. In completing such official requests individual students are not identified. You have the right to alter, amend and view any of these details at any time while your child attends Matamata College

Signature of Parent/ Caregiver

Date