



"Maa mahi,
ka ora"



Matamata
College

Section 1 TO BE COMPLETED BY OFFICE STAFF

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

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

SECTIONS 2 – 10 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*)

Student's own Personal Cell Phone: _____

Student's Own Personal Email:

Current School: _____

Please write the full names of brothers and sisters who have ever attended Matamata College. You will need to include the Group Class or House if you know it. E.g. Jane Smith 9BGD Huia, Kiwi, Tui or Weka

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 3 DETAILS OF PRIMARY CAREGIVERS (WHO THE STUDENT NORMALLY LIVES WITH)

Name of Contact No. 1

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

Relationship to Student: _____ First Language: _____

Home Phone: _____ Cell Phone: _____

Work Phone: _____ Occupation: _____

Place of Work: _____

Name of Contact No. 2

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

Relationship to Student: _____ First Language: _____

Home Phone: _____ Cell Phone: _____

Work Phone: _____ Occupation: _____

Place of Work: _____

This is the email address we will use to send out newsletters and notices. By providing us with this address we therefore have your consent to do so.

Email:

Physical Address:

Postcode: _____

Postal Address (if different from above):

Postcode: _____

Section 6 MEDICAL DETAILS

Doctor: _____ Dentist: _____

Vaccinations: Measles/Mumps/Rubella: Tetanus:

Medical/Physical Conditions: _____

Allergic Reactions: _____

Medication: _____

Other Information: _____

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 ADDITIONAL INFORMATION

We are looking forward to teaching your child next year. To ensure we have the best programmes in place we spend this term seeking as much information as possible about individual students and their abilities, interests and areas of special need. Please describe any educational concerns you have about your child. Please provide as much information as you can about special difficulties your child has, including academic, health, physical, emotional and / or behavioural concerns. The more information we have the more likely we are to provide appropriate support from the outset.

Is there any student your child has difficulty working with at school? (Please provide reasons).

Section 10 PARENT'S / CAREGIVER'S UNDERTAKING

I request that my 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/We understand that our student must agree to use the internet and other technologies in a safe and responsible way. If someone cannot agree to act responsibly, or the things that they do mean that other people are being harmed, then the school might stop them from using the internet or other technology at school. Permission is given for student images and work to be used, from time to time, in publications which promote Matamata College.

Signature of Parent/ Caregiver

Date