



PORIRUA COLLEGE

2023 ENROLMENT FORM

TĒNĀ KOUTOU, MALO E LELEI, TALOFA LAVA, KIA ORANA,
FAKAALOFA LAHI ATU, TALOFĀ NI AND GREETINGS

| Student Information | | | | |
|---|----------|-----------|-------------------|-----------|
| Surname: | | | | |
| First Name(s): | | | | |
| Preferred Name: | | | | |
| Gender: (please circle) | Male | Female | Gender Diverse | Other |
| Date of Birth: | | | | |
| Year Level in 2023: | | | | |
| Intended Start Date: <i>Start date is 3/2/2023</i> | | | | |
| House: (please circle) | Kenepuru | Rangituhi | Tangare | Whitireia |
| Reason for this choice e.g. relation at Porirua College: | | | | |
| Previous School: | | | | |
| Student Mobile Phone: | | | | |
| Address: | | | | |
| Home Phone: | | | | |
| Home email: | | | | |
| Ethnicity: | | | | |
| Iwi: | | | | |

| Citizenship | |
|--|---|
| Nationality: | |
| Home Language: | |
| Date of entry into NZ: | |
| | Do you have permanent residence in New Zealand <input type="radio"/> Yes <input type="radio"/> No |
| Students born outside of New Zealand MUST produce their passport to verify this information | |

| Caregiver Information | |
|--|--|
| Caregiver 1 Name: | |
| <i>Address (if different to student address)</i> | |
| | |
| | |
| Relationship: | |
| Occupation: | |
| Address (Work): | |
| Phone (Home): | |
| Phone (Mobile): | |
| Phone (Work): | |
| Email: | |

| | |
|--|--|
| Caregiver 2 Name: | |
| <i>Address (if different to student address)</i> | |
| | |
| | |
| Relationship: | |
| Occupation: | |
| Address (Work): | |
| Phone (Home): | |
| Phone (Mobile): | |
| Phone (Work): | |
| Email: | |

| | |
|---------------------------------------|--|
| Emergency Contact Information: | |
| Contact Name: | |
| Address: | |
| | |
| | |
| Relationship: | |
| Occupation: | |
| Address (Work): | |
| Phone (Home): | |
| Phone (Mobile): | |
| Phone (Work): | |
| Email: | |

| Medical Information | |
|----------------------------|--|
| Medical Conditions: | |
| Special Medical Needs: | |
| Allowed Panadol: | <input type="radio"/> Yes <input type="radio"/> No |
| Allowed Ibuprofen: | <input type="radio"/> Yes <input type="radio"/> No |
| Doctor Name: | |
| Dentist Name: | |
| Immunisations: | |
| | |
| Extra Medical Notes: | |
| | |

| Additional Information | |
|--|--|
| Date entered in NZ: <i>(if not born in NZ)</i> | |
| Name of siblings that currently attend Porirua College: | |
| Do you have Broadband Internet at home? | |
| Do you have a device at home the student can regularly use? | |
| Does the student need any extra help with learning? | |
| | |
| Students' personal interests <i>(including sports played)</i> | |
| | |
| | |

Subject Choices – to be completed at the Enrolment Interview

Year 9 & 10 Subject Choices & Ko te Hapori Course

| | |
|-------------|-------------|
| 81a | 82a |
| 81b | 82b |
| KtH1 | KtH2 |

Year 11, 12 & 13 Subject Choices & Ko te Hapori Course

| | |
|----------|-------------|
| 1 | 4 |
| 2 | KtH1 |
| 3 | KtH2 |

| (v) | Declaration (please tick v to agree): |
|------------|--|
| | I/we request that the above named student be enrolled at Porirua College |
| | I/we agree that the student will work to achieve the Graduate Profile aims and abide by Porirua Colleges' expectations and procedures, including wearing school uniform |
| | I/we give permission for the school to obtain records and any other information relevant to the students' welfare from previous schools; student may request to view and correct any error to their records |
| | I/we agree that non school uniform items or inappropriate articles can be confiscated and that Porirua College takes no responsibility for confiscated items that may be subsequently lost or misplaced |
| | I/we give permission that in an emergency the student may be given First Aid which may include medication |
| | I/we give permission for the Tu Ora Compass Health school nurse to do Wellness, Vision, Hearing and Health checks |
| | I/we agree that Porirua College will not be responsible for costs associated with any accident or injury sustained during a school related activity |
| | I/we agree that the student will look after Porirua College ICT devices and only use appropriate websites |
| | I/we give permission for Porirua College to use any positive images of the student or their work e.g. in the school prospectus, newsletter, website or a news article about the school |
| | I/we give permission for the student to occasionally be involved in education outside the classroom for a short period of the day; you will be provided with consent forms for trips outside the normal school day |
| | I/we give permission that if the student participates in sport at Porirua College, a sports registration form will need to be completed and relevant information shared with College Sport Wellington and/or other sporting organisations; this information includes full name, date of birth, gender and identification photo |

Signature of Caregiver _____

Signature of Student _____

Date _____

Checklist

Please bring the following documents to your enrolment interview:

1. Birth Certificate
2. Proof of living in school zone document (e.g. telephone or power account)
3. Porirua East Graduate Profile Form
4. Documentations showing NZ residency status (if relevant)

Office Use Only

| | | |
|--------------------------------------|-----------------------------------|-------------------------------------|
| In Zone / Out of Zone | In Zone Document | Birth Certificate / Passport |
| Porirua East Graduate Profile | NZ Residency Documentation | |