



# PORIRUA COLLEGE

## 2024 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 2024:					
Intended Start Date: Start of year date is 2/2/2024					
House: (please circle)	Kenepuru	Rangituhi	Tangare	Whitireia	PC to choose
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
<b>Students born outside of New Zealand MUST produce their passport to verify this information</b>	

### Caregiver Information

<b>Caregiver 1 Name:</b> <small>(has same address as the student)</small>		<b>Caregiver 2 Name:</b> <small>(has same address as the student)</small>	
Relationship:		Relationship:	
Occupation:		Occupation:	
Address (Work):		Address (Work):	
Phone (Landline):		Phone (Landline):	
Phone (Mobile):		Phone (Mobile):	
Phone (Work):		Phone (Work):	
Email:		Email:	

<b>Caregiver 3 Name:</b>		<b>Caregiver 4 Name:</b>	
Address: <small>(has different address to the student)</small>		Address: <small>(has different address to the student)</small>	
Relationship:		Relationship:	
Occupation:		Occupation:	
Address (Work):		Address (Work):	
Phone (Landline):		Phone (Landline):	
Phone (Mobile):		Phone (Mobile):	
Phone (Work):		Phone (Work):	
Email:		Email:	

<b>Emergency Contact Name:</b>		<b>Emergency Contact Address:</b>	
Relationship:		Phone (Landline):	
Phone (Mobile):		Phone (Work):	

<b>Medical Information</b>	
Medical Conditions:	
Special Medical Needs:	
List any Allergies:	
Allowed Antihistamine:	<input type="radio"/> Yes <input type="radio"/> No
Allowed Panadol:	<input type="radio"/> Yes <input type="radio"/> No
Allowed Ibuprofen:	<input type="radio"/> Yes <input type="radio"/> No
Medical Centre:	
Immunisations:	
Extra Medical Notes:	
Dietary Requirements: <i>(for school lunches provided)</i>	

<b>Additional Information</b>	
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

<b>81a</b>	<b>82a</b>
<b>81b</b>	<b>82b</b>
<b>KtH1</b>	<b>KtH2</b>

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

<b>1</b>	<b>4</b>
<b>2</b>	<b>KtH1</b>
<b>3</b>	<b>KtH2</b>

### Declaration

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

**Please note: If you have any concerns regarding the Declaration, please discuss further at the enrolment interview before signing.**

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)

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### Office Use Only

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