



Hataitai School

Out of Zone Enrolment Application for 2021

EXPLANATION OF PRIORITIES FOR OUT OF ZONE

- Priority 1:** Students accepted for enrolment in a special programme run by the School; and approved by the Secretary of Education. Please note Hataitai School **does not** have Priority 1 students.
- Priority 2:** Siblings of current students;
- Priority 3:** Siblings of former students;
- Priority 4:** Child of former students;
- Priority 5:** Child of Board employees or board members;
- Priority 6:** All other students

Please circle: Priority 2 3 4 5 6

STUDENT INFORMATION

| | |
|---|---|
| SURNAME: | FIRST NAMES: (please underline preferred name) |
| ADDRESS: | DATE OF BIRTH: |
| APPLICATION IS FOR: Male <input type="checkbox"/> Female <input type="checkbox"/> Gender Diverse <input type="checkbox"/> | LANGUAGE/S USED AT HOME: |
| PLEASE STATE MAIN ETHNIC GROUP IDENTIFIED WITH: (e.g. Maori, Samoan, Chinese etc): | SIBLINGS CURRENTLY AT HATAITAI SCHOOL: |
| OTHER ETHNIC GROUPS – IF APPLICABLE: | YOUNGER SIBLINGS – NAME & DATE OF BIRTH: |
| IWI: (if applicable) | PLACE IN FAMILY: |

EARLY CHILDHOOD EDUCATION (ECE)

| | |
|--|--|
| DID YOUR CHILD REGULARLY ATTEND ECE? | <input type="checkbox"/> Yes, for the last ____ years <input type="checkbox"/> Not regularly, only occasionally or with no on-going schedule <input type="checkbox"/> No, did not attend ECE |
| PREVIOUS SCHOOL: (if applicable) | |
| DATE OF ADMISSION TO HATAITAI SCHOOL: | |

PARENT / CAREGIVER INFORMATION

| | |
|---|---|
| 1st PARENT/CAREGIVER: | RELATIONSHIP: |
| ADDRESS: | CONTACT DETAILS: |
| OCCUPATION: | Home: Mobile: Work: Email: |

| | |
|---|--|
| 2nd PARENT/CAREGIVER: | RELATIONSHIP: |
| ADDRESS: | CONTACT DETAILS: Home: Mobile: Work: Email: |
| OCCUPATION: | |

| | |
|---|---|
| CHILD LIVES WITH: <input type="checkbox"/> Both Parents <input type="checkbox"/> Shared <input type="checkbox"/> Mother Only <input type="checkbox"/> Father Only <input type="checkbox"/> Other (<i>please specify</i>): _____ | Any Custody/Guardianship Agreements: |
|---|---|

MEDICAL INFORMATION

| | |
|-------------------------------------|----------------------------------|
| FAMILY GP: | ADDRESS AND PHONE NUMBER: |
| ALLERGIES: | MEDICATION: |
| ANY MEDICAL/LEARNING ISSUES: | |

EMERGENCY CONTACTS: (please ensure these are local contacts)

| | | |
|-------------------------------------|----------------------|----------------------|
| 1st CONTACT NAME: | RELATIONSHIP: | PHONE NUMBER: |
| 2nd CONTACT NAME: | RELATIONSHIP: | PHONE NUMBER: |

PLEASE SUBMIT ENROLMENT FORM WITH THE FOLLOWING ATTACHED:-

- A copy of the Birth Certificate must be provided for all students born in New Zealand. For all other students a copy of their passport showing residency status/student visa details must be attached to the admission form
- A copy of their Immunisation Certificate
- Copy of "Proof of Address" – e.g. Power Bill with your name and address

I declare that the above information is true and correct and I am aware an Enrolment Record will be kept for my child

Signed: _____

OFFICE USE ONLY - Hataitai School operates on an Enrolment Scheme

| | | | |
|--------------------------|--|---|--|
| Admission No: | | Admission Date: | |
| Year Level: | | Room: | |
| etap: | | In Zone (proof supplied): <input type="checkbox"/> | Out of Zone: <input type="checkbox"/> |
| ENROL / NSN No: | | Stationery List: | |
| Email Newsletter: | | Invoicing: | |
| Visit 1 Date: | | Visit 2 Date: | |
| House: | | Buddy System: | |