



MAIREHAU HIGH SCHOOL

Hills Road Telephone: 385-3145, Fax 385-3143
Christchurch 8052 E-mail: shawr@mairehau.school.nz

STUDENT ENROLMENT FORM

SURNAME: _____	PREFERRED NAME <i>(if different)</i> _____	200 YEAR LEVEL: _____
FIRST NAMES: _____		

GENDER: MALE FEMALE **DATE OF BIRTH:** ____/____/19____

ETHNIC GROUP: EUROPEAN MAORI (fill in iwi affiliation on back of form) SAMOAN
OTHER (please state) _____

STUDENT'S ADDRESS: _____
Suburb _____ Postcode _____

PREVIOUS SCHOOL: _____
Name of School _____ City/Town _____

MOTHER'S DETAILS: Mrs/Miss/Ms NAME: _____ ADDRESS: _____ TELEPHONE: _____ MOBILE: _____ E-MAIL: _____	OCCUPATION: _____ PLACE OF WORK: _____ TELEPHONE: _____
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FATHER'S DETAILS: NAME: _____ ADDRESS: _____ TELEPHONE: _____ MOBILE: _____ E-MAIL: _____	OCCUPATION: _____ PLACE OF WORK: _____ TELEPHONE: _____
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If not living with either of the above: CAREGIVER'S NAME: Mr/Mrs/Ms/Miss _____ ADDRESS: _____ TELEPHONE: _____ MOBILE: _____ E-MAIL: _____	OCCUPATION: _____ PLACE OF WORK: _____ TELEPHONE: _____
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EMERGENCY CONTACT: Mr/Mrs/Ms/Miss _____ NAME: _____ ADDRESS: _____ RELATIONSHIP TO STUDENT: _____	TELEPHONE: (home) _____ TELEPHONE: (work) _____ MOBILE: _____ <small>(an emergency contact must have a phone number)</small>
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DOCTOR'S NAME: _____ **TELEPHONE:** _____

MEDICAL PROBLEMS: YES NO *If YES, please state:* _____

COUNTRY OF BIRTH: NEW ZEALAND OTHER (please state) _____ **DATE OF ARRIVAL IN NZ** _____

DO YOU HAVE SISTER(S) / BROTHER(S) AT THIS SCHOOL? YES NO
If YES, please complete details:

NAME: _____ CLASS OR LEVEL: _____
NAME: _____ CLASS OR LEVEL: _____

IWI AFFILIATION:

If the student is of **New Zealand Maori** descent please enter the name(s) of his/her iwi.

You may enter more than one iwi. If you do not know the iwi, please enter 'Don't Know'.

Iwi: _____

Rohe (Iwi home area): _____

Iwi: _____

Rohe (Iwi home area): _____

Iwi: _____

Rohe (Iwi home area): _____

WHAT IS THE MAIN LANGUAGE SPOKEN AT HOME: ENGLISH OTHER (please state) _____

WOULD YOU LIKE ASSISTANCE WITH ESOL (English for Speakers of Other Languages): YES NO

COPY OF BIRTH CERTIFICATE/PASSPORT ATTACHED (tick)

Please attach a copy of the student's birth certificate or passport to this form, as we hold this to confirm residency status

I/We will do our best to see that _____ complies with school regulations and acts with common sense and consideration for others.

I/We agree to support the disciplinary measures taken by the school in consultation with me/us.

SIGNED _____
Caregiver Date

SIGNED _____
Caregiver 2 Date

I will comply with school regulations and act with common sense and consideration for others.

SIGNED _____
Student Date

DATE FIRST ATTENDED _____
(Office use only)

OFFICE USE ONLY**Subjects**

LINE	SUBJECT	TEACHER	LINE	SUBJECT	TEACHER
1			4		
2			5		
3			6		

The information on this enrolment form is for the use of the school and may be used to provide data to other education agencies.

SCHOOL DONATION: To support the resourcing needs of your son/daughter's learning please consider making the annual school donation of \$75 per student or \$105 per family.