



MANIOTOTO AREA SCHOOL

**A copy of your child's birth certificate/passport must be provided
If born overseas some proof of residency must also accompany the
application.**

STUDENT'S ENROLMENT DETAILS

Student's Legal Surname: _____

Student's Legal First Names: _____

Student's Preferred Name: _____

Residential Address
(include post code) _____

Home Phone Number: _____ Student's Cell: (if applicable) _____

Gender: Male/ Female/Other (please circle) Date of Birth: ____ / ____ / ____

Language spoken at home: English / Other (please specify) _____

Nationality: _____ If Maori state Iwi's: _____

Current Year Level: 1 2 3 4 5 6 7 8 9 10 11 12 13

Date of Enrolment at Maniototo Area School _____ Year Level at Previous School _____

Previous School(s) _____ Date last attended _____

Other Schools or Early Childhood Centres attended in last three years

If applicable please attach a copy of your last school report.

If you have previously entered National Qualifications please enter your NZQA National Student Number
and attach a copy of your record of learning.

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OFFICE USE ONLY:	Early Notification Group:
Newsletter:	House:
Helix Groups:	Bus:
Enrol:	Confidential

PARENT/CAREGIVER DETAILS

CAREGIVER ONE Mother / Father / Step-mother / Step-father / Other _____

Surname: _____ First Name: _____ (Mr/Mrs/Ms/Miss)

Physical Address: _____

Home Phone: _____ Work Phone: _____ Cellphone: _____

Occupation: _____ Place of work: _____

Email address: _____

Does the student live with you? Yes No Legal Guardian Yes Access Rights Yes

CAREGIVER TWO Mother / Father / Step-mother / Step-father / Other _____

Surname: _____ First Name: _____ (Mr/Mrs/Ms/Miss)

Physical Address: _____

Home Phone: _____ Work Phone: _____ Cellphone: _____

Occupation: _____ Place of work: _____

Email address: _____

Does the student live with you? Yes No Legal Guardian Yes Access Rights Yes

EMERGENCY CONTACT (Someone not living with the student, that can be contacted if needed)

(Mr/Mrs/Ms/Miss) Full Name: _____

Physical Address: _____

Place of Work (if applicable): _____

Home Phone: _____ Work Phone: _____ Cellphone: _____

Relationship to student: _____

Confidentiality: Enrolment information is requested by the school in order to communicate with parents and caregivers, and to maintain the safety of the students whilst at school or off-site on school related activities. This information is held securely and only used by the school staff for school related purposes. It meets the statutory requirements of the Ministry of Education.

FAMILY DETAILS Brothers/sisters currently enrolled at or will be attending MAS.

Name: _____ Date of Birth: _____

Name: _____ Date of Birth: _____

Are there any other details that may be helpful for us in knowing, understanding and assisting your child/children/family? For example adopted child, blended family, religion etc?

Is there anyone who should NOT have legal access to your son/daughter?

Please provide any relevant legal documentation

Name _____

Reason _____

SPORTING AND CULTURAL INTERESTS

Please list the students sporting and cultural interests (eg Music, Kapa haka, Youth Groups, Church or Sports).

SCHOOL DONATIONS

Maniototo Area School has chosen to opt-in to the donations scheme, the exception to this is payment for technology expenses, camps or optional sporting events.

PARENTAL INVOLVEMENT – please complete the Parent Support Form

All Parents are encouraged to attend Parent Teacher Association (PTA) meetings and support fundraising projects. Please provide details of what you can help with: eg. Sports coaching, Transport, Camps, Working Bees, Reader/Writer for exams, PTA

SPECIAL EDUCATIONAL REQUIREMENTS

Has your child received assistance from outside agencies i.e. Special Education, Hospitals, ACC etc?

Details _____

Has your child received assistance /extra assistance / extension/ gifted and talented in small groups in a previous school.

Details _____

Has your child had any stand-down, suspensions, or exclusions at previous schools?

Details _____

STUDENT MEDICAL DETAILS

Doctor _____

Medical Centre Address _____

Dentist (if applicable) _____

Please list all medical conditions, current medication and information the school should be aware of:

Tetanus: Please enter date of last tetanus booster _____

Vision: Should your child wear glasses in class? Yes No

Hearing: Does your child require special seating arrangements? Yes No

Confidential

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