

# Tamaiti Whangai ENROLMENT FORM

## Programme/Event Enrolment Details:

Please enrol me (or a child under 16 years who is under my custody, or a dependant who is under my care) on the Tamaiti Whangai register.

**1. Name:**

First Name	
Middle Name	
Last Name (Family Name)	

**2. Address:** *Note: this address must be a residential street address, not a post office box or private bag.*

Unit or Flat Number		Street Number		Street	
Suburb					
City (or Region)					

**3. Date of Birth:** \_\_\_\_\_  
day / month / year

**4. Gender:**    **MALE**        **FEMALE**    (circle one)

**5. Which ethnic group do you belong to?:** (please mark one box that mainly applies.)

<input type="checkbox"/> Maori	<input type="checkbox"/> NZ European
<input type="checkbox"/> Samoan	<input type="checkbox"/> Cook Island Maori
<input type="checkbox"/> Tongan	<input type="checkbox"/> Niuean
<input type="checkbox"/> Asian	<input type="checkbox"/> Tokelauan

Other (please state)

**6. Iwi Affiliations (if any):** (main one first please)


**7. Contact Details:**

Home Phone Number	
Other Phone Number	
Mobile Phone No.	
Email Address	

**8. Other Personal Details:**

Mother's First Name		Mother's Last Name	
Father's First Name		Father's Last Name	
Who is your doctor? <input style="width: 80%;" type="text"/>			

**9. Education Details:**

Did you ever attend Kohanga Reo?	<b>YES</b>	<b>NO</b>	<i>(please circle one)</i>
Current School	<input style="width: 90%;" type="text"/>		
Subjects (this year)	<input style="width: 95%;" type="text"/>	Interests outside school	<input style="width: 95%;" type="text"/>

**10. Special Needs:**

Are there any special needs staff should be aware of? If so, please identify them.	<input style="width: 95%;" type="text"/>
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*(In emergencies, it may be required that a child will need immediate medical attention. In that event, the parent/guardian/care-giver will be notified.)*

Will this young person be picked up?    **YES**    **NO**    (circle one).    If YES, by whom?    **PARENT**    **GUARDIAN**    **CAREGIVER**    **FRIEND**

If this young person is NOT picked up, do you give permission for him/her to walk home?    **YES**    **NO**    (please circle one)

**11. Client's Consent:**

**I consent for the above information to be used, stored, given and received in accordance with the Privacy Act 1993, and I declare the information I have given is true and complete as far as I know.**

**Signed:** \_\_\_\_\_

**Applicant    Parent    Guardian    Caregiver**  
*(please circle one)*

**Date:** \_\_\_\_ / \_\_\_\_ / \_\_\_\_