



KAPITI COLLEGE

Enrolment Application

2012

Phone 04 902 5121 Fax 04 902 5126 PO Box 2003, Raumati Beach 5032

OFFICE USE ONLY:

KAMAR _____

ENROL _____

Enrolment No _____

House _____

- This form must filled in by a parent or guardian and signed (overleaf).
- Overseas students must have a copy of Visa and Passport or NZ Birth Certificate.

STUDENT DETAILS

Surname: (Legal)	Date of Birth:
First Name/s: (Legal)	Gender: Male Female (please circle)
Other known name/s:	Current School:
Preferred Name/s:	Year Level 2011 ____ Yr Level 2012 9 10 11 12 13 (Circle)

NAMES OF SIBLINGS currently attending Kapiti College:

ETHNICITY (please tick)	NZ European <input type="checkbox"/>	Maori <input type="checkbox"/>	Pacific Island <input type="checkbox"/>
Other Ethnicity (please specify)		If Maori state Iwi Affiliations	
HOME ADDRESS (Where student is living)		POSTAL ADDRESS (if different)	
No. and Street		PO Box	
Suburb		Suburb	
Town/City	Postcode	Town/City	Postcode
HOME EMAIL (Parent/Caregiver)			

PARENT/CAREGIVER DETAILS

Parents/Caregivers - where student resides

	TITLE Mr/Mrs/Miss/Ms (please circle)	TITLE Mr/Mrs/Miss/Ms (please circle)
First Name & Surname		
Relationship: eg. Mother/Father		
Home Phone		
Mobile Phone	Absence Text Y/N	Absence Text Y/N
Work Email		
Occupation		
Work Phone number		
Work Address		

OTHER PARENT/CAREGIVER

Other Parent/caregiver whom student does not reside with

Information including reports to be sent to this parent/caregiver?
Yes No

	TITLE Mr/Mrs/Miss/Ms (please circle)	
Full Name		If yes, please provide address details -
Relationship: eg. Mother/Father		No. and Street
Home Phone		Suburb
Mobile Phone		Town/City
Email		
Occupation		
Work Phone number		
Work Address		

Are you happy for your child's photo to be used in school publications or newspaper articles? (please tick) Yes No

EMERGENCY CONTACT DETAILS

This person/s will be contacted if we cannot contact Primary Caregiver in case of emergency – **must be filled in.**
(Must not be a parent/caregiver living at the same address)

Full Name/s

Relationship to Student eg Aunty

Home Phone

Mobile

Work Phone

Address

Type of transport to and from school _____ If train, what station? _____

Health problems/disabilities/allergies: _____

Name of Dr: _____ Name of Dentist _____

If the student has any **other legal guardians** please name: _____

If there are **family, access or custody issues** of which the school should be aware, please note here: _____

If your son/daughter has **special learning difficulties or academic talents** of which the school should be aware,
please note here: _____

Sporting and Performing Arts interests (please be specific eg learnt trumpet 2 years): _____

For transferring students, please list **subjects taken** and year level: _____

I hereby apply to enrol my son/daughter at Kapiti College. I agree to support the school in ensuring that he/she obeys the rules and regulations as approved by the Board of Trustees. I certify that the information I have provided on this enrolment form is true and correct.

Parent/Caregiver Signature _____

Name: _____

Date of application: _____