

KOWHAI INTERMEDIATE SCHOOL

26 Onslow Road, Kingsland, AUCKLAND 3

Principal: Paul Douglas
Phone: 09 846 7534
Fax: 09 846 7918
Email: admin@kowhai.school.nz
Web: www.kowhai.school.nz

ENROLMENT 2010

Rumaki Reo Maori



Student Details:

Full Name:
First Name Middle Name Family Name

Known As: **Gender:** Male / Female **Date of Birth:** / /

Prefers to be called

(Please circle)

Day/Month/Year

Address:
No. Street Suburb

Siblings at school:(name).....

Home Phone: **Place in Family:**out of..... **Eldest:** Yes / No

Email Address:

Country of Birth: **First Language:**
(language spoken at home)

Previous School: **Class Level at Previous School:**

Ethnicity: 1.(main group you identify with e.g. Maori, Pakeha, Tongan etc)..... 2. Other.....

This section must be completed if the student was Not Born in New Zealand

Date Entered New Zealand: / /

Copy of Passport Supplied:

New Zealand Citizenship: Yes / No (please circle)

Main Caregiver Details (person/s student lives with) :

Name/s: /

Home Phone: **Work Phone/s:** /

Mobile/s: /

Occupation/s: /

Relationship/s: (i.e. Mother, Father, Grandmother etc.) /

Emergency Contacts: (details of 2 emergency contacts different from main caregiver, must be supplied.)

1. **Name:**

Relationship to Student (e.g. Mother/Father/Aunt etc.):

Address:

Home Phone: **Work Phone:** **Mobile Phone:**

Emergency contacts continued page 2

Emergency Contacts continued: (details of 2 emergency contacts different from main caregiver, must be supplied.)

2. **Name:**

Relationship to Student (e.g. Mother/Father/Aunt etc.):

Address:

Home Phone: **Work Phone:** **Mobile Phone:**

Medical Information:

Doctor: **Phone Number:**

Medical Problems / Allergies:	Degree: (e.g. mild, moderate)	Medication Required:
.....
.....
.....

OK for School to Administer Panadol: Yes / No

Sensitive Information: (i.e. Custody issues, restricted access etc.)

.....

.....

.....

Copies of Documents Supplied to the School (where applicable) :

Learning / Behaviour Needs: (Please state any special learning, ability or behaviour needs your child may have.)

.....

.....

.....

Cultural / Musical / Sporting Interests: (please state number of years played, level reached etc.)

.....

.....

.....

Whanau Pounamu

Senior Teacher: Tere Tamarua

Phone: 09 846 9035

Nga reo, nga mana nga rangatira ma Tena koutou. Tena koutou i runga i te rangimarie me te aroha ara, i runga i te kaupapa kia whakauru mai to tamaiti ki te kura teneki.

It is important for all new students to have a 'Whakaheke' that they affiliate to. This in some way gives them a link to the ideology of where they originate from, and therefore an affiliation to what we are trying to do here, using the concept of 'whanau'. This must be known by all students prior to their arrival to us.

Please fill in the following:

Ko wai tō iwi? (Which is your iwi?)

.....

Ko wai tō waka? (What is your canoe?)

Ko toku waka.

Ko wai tō awa? (What is the name of your river/sea?)

Ko toku awa.

Ko wai tō whare/marae? (Who is your ancestral house/place to stand?)

Ko toku whare/marae.

Ko wai o/tō tipuna? (Who is/are your ancestors?)

Ko toku/oku tipuna.

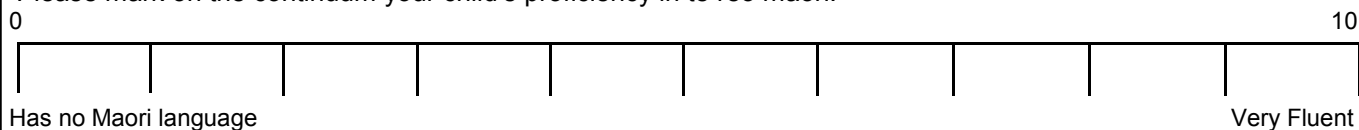
Ko wai tō maunga? (Who is your mountain?)

Ko toku maunga

Has your child previously been enrolled in any Maori education programmes?
(Please state duration and name school/kohanga and levels of Te Reo i.e. bilingual, immersion etc)

.....
.....
.....

Please mark on the continuum your child's proficiency in te reo maori.



Do you speak maori to your child at home? Yes No

All parents/caregivers of the unit are expected to attend regular hui to discuss the running of the unit. Are you willing to attend at least one hui per term? Yes No

Please explain briefly your reasons for enrolling your child in Te Whanau Pounmu.

.....
.....
.....
.....

What are your expectations for your child's education over the next 2 years?

.....
.....
.....
.....

Parent / Caregiver Guarantee:

I hereby guarantee that :

- I have completed all relevant sections of the above form and the information supplied is correct
- I have supplied copies of documentation where applicable
- I will assume responsibility for the school donation
- my child will attend school regularly
- my child will abide by the school's rules, including the wearing of the correct Kowhai Intermediate School uniform

I understand that:

- The information on this form will be used by the school for educational purposes
- I am giving my permission for the school to include my child in routine health checks when necessary
- I am giving my permission to enable the dental authority to access my child's details
- names, addresses and phone numbers may be released to the BOT.

I give permission for:

- my child's records to be obtained from their previous school
- my child's records to be sent on to their next school upon their leaving Kowhai Intermediate.

Signature of Parent / Caregiver: **Date:**

Name: (Please print)

Office Use Only (Please ensure all of the following are completed / initialled, where applicable)

All relevant sections of the form are completed:

Relevant documentation has been supplied:

- Birth Certificate
- Passport
- Sensitive information

Starting Date:/...../.....

ESOL teacher informed:

Year: **Room:**

National Student number

Enrolment No.:

WITHDRAWN/LEAVER

Pounamu Students: Immersion / Bilingual

Date:

Entered in MUSAC:

Reason:

Entered in ENROL:

Intended School:

Progress Card requested:

ICT Teacher informed:

