

22 Awarua Road, Elsdon, Porirua
 PO Box 50-344, Porirua 5024
 Phone 04 237-5424
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MANA COLLEGE

Mana with Mana



APPLICATION FOR ENROLMENT

Out of zone applications for Year 9, 2020 will NOT be accepted after 31 July 2019

STUDENT DETAILS			
Legal Surname:		Legal First/Middle Names:	
Preferred Name:		Gender:	
Date of Birth:		Student's Mobile:	
Address:			
Date for Admission:		Year Level at Admission:	E Tipu: YES NO (Please circle)
Country of Birth: _____ Country of Citizenship: _____ If born in New Zealand, please provide a copy of your birth certificate. If born outside of New Zealand, please bring your passport to the school office so we can photocopy the relevant pages.			
Ethnicity - list up to 3:		Iwi - list up to 3:	
Current School:		Language at home:	
Name of siblings currently attending Mana:		Name(s) of siblings and/or parents who previously attended Mana College:	
PARENT/CAREGIVER DETAILS			
Title:	First Name:	Surname:	
Relationship to Student:			
Address:			
Postal Address - complete if different to above:			
Home Phone:	Work Phone:	Mobile:	
Email:		What access do you have to internet: eg; Home computer/Cell phone etc:	
Child resides with me		YES	NO
Is there a custody order or parenting agreement?		YES	NO
If so, are you the custodial parent?		YES	NO
(If yes to 2 and/or 3 please supply supporting legal documentation)			
PARENT/CAREGIVER DETAILS			
Title:	First Name:	Surname:	
Relationship to Student:			
Address:			
Postal Address - complete if different to above:			
Home Phone:	Work Phone:	Mobile:	
Email:		What access do you have to internet: eg; Home computer/Cell phone etc:	
Child resides with me		YES	NO
Is there a custody order or parenting agreement?		YES	NO
If so, are you the custodial parent?		YES	NO
(If yes to 2 and/or 3 please supply supporting legal documentation)			
Occupation:			

EMERGENCY CONTACT (OTHER THAN CAREGIVER)						
Title:	First Name:	Surname:	Relationship to Student:			
Address:						
Home Phone:		Work Phone:		Mobile:		
Emergency Release information Please tick one		Keep my child at college until collected by a nominated person <input type="checkbox"/>				
		Release my child to make their own way home <input type="checkbox"/>				
HEALTH						
Please list any medical conditions, allergies, and vision or hearing issues. Please state the severity of the condition and any medications.						
Name of Doctor:		Phone:		Allowed Panadol YES NO Please circle one		
LEARNING NEEDS						
Please provide us with full information on any special learning needs your child may have.						
AGENCIES INVOLVED						
Please provide us with full information any Agencies involved with your child.		Teacher Aide Support	YES / NO	Special Needs funding	YES / NO	Is this student ORS funded YES / NO
PRIVACY STATEMENT						
The school is sometimes obliged by law to give information to government departments (eg .Ministry of Education, Ministry of Health and Ministry of Social Development) but it will not otherwise be disclosed without your authorisation. The information on this form is collected and used by the school to provide education for your child, and it is also used for associated school activities. It is available to all staff of the school. Please advise the school if you have any details need to be changed, especially contact details.						
Do you agree to your contact details being passed to Whanau Parent Support Group, Pasifika Fono for information giving, social and fundraising activities within the school? YES NO						
From time to time the school takes photographs of students to record activities within the school to record activities within the school for the students' learning journals and in celebration of achievements, for the school newsletter, website and newspapers. It is the school's policy that any photos for publication are either positive depictions of the children						
ZONING DECLARATION						
The address given at the time of application for enrolment must be the student usual place of residence when the school is open for instruction. If a pre-enrolled application has a change of address, they must advise the school immediately, as this may affect their eligibility for enrolment.						
The Ministry of Education has advised that parents/guardians should be warned of the possible consequences of deliberately attempting to gain unfair priority in enrolment by knowingly giving a false address or making an in-zone living arrangement which they intend to be only temporary eg:						
<ul style="list-style-type: none"> • Renting accommodation in zone on a short-term basis; • Arranging temporary board in zone with relative or family friend; • Using the in zone address of a relative or friend as an address of convenience with no intention to live there on an on-going basis 						
If the school learns that a student is no longer living at the in zone address given at the time of application for enrolment and has reasonable grounds to believe that a temporary in zone residence has been used for the purpose of unfairly gaining priority in enrolment at the school, then the board may review the enrolment. Unless the parents/guardians can give a satisfactory explanation within 10 days, the board may annul the enrolment. This course of action is provided for under section 110A of the Education Act 1989.						
I confirm that the address supplied to the school in this enrolment form will be usual place of residence of _____ (Student name) when the school is open for instruction. I will advise the school of any subsequent change of address. (Please provide proof of your In Zone address)						
Signed: _____ Date: _____						
SIGNATURES						
I/We agree to comply with the College regulations concerning, discipline, attendance, uniform, stationery, fees, cyber safety rules, and all other matters pertaining to the welfare of the College.						
Parent/Caregiver Signature:				Date:		
Parent/Caregiver Signature:				Date:		
OFFICE USE ONLY						
<input type="checkbox"/> In Zone <input type="checkbox"/> Out of Zone		Current/Past Sibling/Parent		Proof of Address		
Year level 2020		Birth certificate/Passport sighted		Ballot		