



MANA COLLEGE

APPLICATION FOR ENROLMENT - 2025

Out of Zone Applications for Year 9 due by Wednesday 24th July 2024

22 Awarua Street, Takapūwāhia, ELSDON Phone: 04 2375424

P O Box 50-344, Porirua, NZ www.mana.school.nz

Office Use Only

Kamar: _____

In Zone/Out of Zone _____

Start Date: _____

STUDENT DETAILS

Legal Family name: _____

Legal First names: _____

Known as (preferred name): _____

Address: _____
Postcode: _____

Home Phone: _____

Home email: _____

DOB: ____/____/____ Gender: _____

Current/Previous school: _____

Student Cellphone No. _____

Postal Address if different: _____

IMPORTANT PLEASE NOTE: For IN ZONE enrolments proof of residential address is required in the form of a recent (less than 2 months old) rates demand/power bill/ tenancy agreement at the time of pre-enrolment and also at the time of commencement of school in 2025, if the usual place of residence changes to a new in-zone address. Failure to provide this information could result in the enrolment being annulled.

Year Level 2025: (Please circle) 9 10 11 12 13

Siblings at Mana College:

Name: _____ Year level: _____

Name: _____ Year level: _____

Name: _____ Year level: _____

Ethnicity - List up to 3:

Iwi – list up to 3:

Iwi 1: _____

Iwi 2: _____

Iwi 3: _____

Language spoken at home: _____

E Tipu: Yes / No

(Please circle)

PARENT/CAREGIVERS WHERE STUDENT MAINLY LIVES

Surname (Mrs/Miss/Ms/Mr/Dr): _____

First names: _____

Relationship to student _____

Address: _____

Postcode: _____

Mailing Address: _____

Home Telephone: _____ Work: _____

Mobile: _____

Email Address: _____

Occupation: _____

Name of Employer: _____

Surname (Mrs/Miss/Ms/Mr/Dr): _____

First names: _____

Student Relationship: _____

Address: _____

Postcode: _____

Mailing Address: _____

Home Telephone: _____ work: _____

Mobile: _____

Email Address: _____

Occupation: _____

Name of Employer: _____

Living with Student Access to Student

Shared Care Correspondence/Reports to be sent

PARENTS NOT LIVING AT THE SAME ADDRESS AS STUDENT

Surname (Mrs/Miss/Ms/Mr/Dr): _____

First names: _____

Student Relationship: _____

Address: _____

Postcode: _____

Mailing Address: _____

Home Telephone: _____ work: _____

Mobile: _____

Email Address: _____

Occupation: _____

Name of Employer: _____

Surname (Mrs/Miss/Ms/Mr/Dr): _____

First names: _____

Student Relationship: _____

Address: _____

Postcode: _____

Mailing Address: _____

Home Telephone: _____ work: _____

Mobile: _____

Email Address: _____

Occupation: _____

Name of Employer: _____

Living with Student Access to Student

Shared Care Correspondence/Reports to be sent

FOR STUDENTS WHO WERE NOT BORN IN NEW ZEALAND OR HAVE NOT ATTENDED PRIMARY SCHOOL IN NZ

Country of Birth: _____ Passport Number: _____
 Country of Citizenship: _____ or Permanent Residence Number: _____
 Date of Arrival in NZ: _____ or Residence Visa Number: _____
Copies of relevant documentation MUST be provided: or Certificate of Identification No. _____

EMERGENCY CONTACT (other than Parent/Caregivers)

Name: _____ Relationship to student: _____
 Home telephone: _____ Work: _____ Mobile: _____
 Address: _____

HEALTH DETAILS

Name of Doctor/Health Centre: _____ Phone: _____
 Name of Dentist: _____ Phone: _____

Are there any health problems, disabilities, allergies, epilepsy, prescription medicines or an Epi-Pen requirement of which the School should be aware? _____

Allowed Panadol: Yes / No (please circle) How many 1 or 2

LEARNING SUPPORT

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 e.g.:

- 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: _____

Tick One: I am in Zone (go to signatures and Declaration)

I am Out of Zone (continue next section)

Priority 1 <input style="width: 100px; height: 30px;" type="text"/>	<i>Sibling(s) (brother/sister) currently attending the school or ORS student.</i>	Name of sibling:	Year level of sibling
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Priority 2 <input style="width: 100px; height: 30px;" type="text"/>	<i>Sibling(s) who have previously attended the school.</i>	Name of sibling:	Year(s) of attendance at Mana College
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Priority 3 <input style="width: 100px; height: 30px;" type="text"/>	<i>Son/daughter of a former student of the school.</i>	Parent Name:	Year(s) of attendance at Mana College
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Priority 4 <input style="width: 100px; height: 30px;" type="text"/>	<i>Son and/or daughter of a Employee/BOT Member</i>	Name of Employee/BOT Member:	
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Priority 5 <input style="width: 100px; height: 30px;" type="text"/>	<i>None of the above applies</i>	
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SIGNATURES & DECLARATION (To be completed by all applicants)

1. I/We agree to abide by the College regulations and declare that all the information stated on this enrolment form is true and correct.
2. I/We confirm that the address provided to the school will be the usual place of residence of **(student name**) when the school is open for instruction in 2024. I/We will advise the school of any subsequent change of address and provide proof thereof at the commencement of the school year.
3. I/We enclose proof of residential address of..... in the form of a rates demand or power bill or tenancy agreement **(for in zone students only) (student name)**
4. I/We agree that filming or photographs taken of students engaging in school activities are able to be used for publication purposes to promote the College. **Yes/No (please circle one)**

Parent/ Guardian signature(s)
*(If shared custody, both parents **MUST** sign)*

Student Signature

Date / /

Enrolling at Mana College 2025

1. In Zone Applications:

Mana College Home Zone:

- The Enrolment scheme home zone includes addresses on both sides of boundary roads unless otherwise stated.
- The northern boundary runs from Mana Island around the coastal area of Titahi Bay North. The boundary around to Onepoto Road and continues along both sides of Titahi Bay Road.
- Where Titahi Bay Road meets Wi Neera Drive, the boundary continues along Wi Neera Drive then goes across Porirua Stream to SH1 and then runs down SH1 down to the Porirua and Wellington Council boundary.
- The Southern Boundary runs down Kenepuru Drive. Wall Place is included within Zone. Rembrandt Avenue is NOT in the zone.
- Broken Hill Road and all addresses off it are in the zone.
- The southern boundary then follows the Porirua/ Wellington Council boundary to the coast.
- The scheme then runs out to Mana Island. Mana Island is in the zone.

If you live within this area, you must provide a copy of a tenancy agreement or rates bill, phone bill or power bill with the application form, to show that it is your normal place of residence. **This must be where you will be living in 2025.**

All students living within the zone have a right of entry to Mana College. We estimate that 120 students will come within the zone in 2025.

2. Out of Zone Applications:

For the remaining 20 places, a ballot system applies. Preference is given in the following order:

- **First Priority** will be given to applicants of Te Whare Ako/ Service Academy
- **Second Priority** will be given to applicants who are siblings of current students.
- **Third Priority** will be given to applicants who are siblings of former students.
- **Fourth Priority** will be given to applicants who are children of former students.
- **Fifth Priority** will be given to applicants who are either a child of an employee of the School or a child of a member of the BOT of the School.
- **Sixth Priority** will be given to all other applicants.

3. Applications:

Out of Zone application forms must be at the College by **Wednesday 24th July 2024**. No late Out of Zone applications will be accepted. The ballot will be held on **Monday 29th July 2024**. Parents will be notified of the outcome by **Thursday 1st August 2024**.

In Zone, application forms are requested to be completed by **Monday 22nd July 2024**.

If you have questions about any part of the enrolment process, contact the School Office on (04) 2375424 or office@mana.school.nz

Forms can either be: -

- Dropped off at the school office
- Emailed to office@mana.school.nz