



**TE KURA KAUPAPA MĀORI
O HOANI WAITITI MARAE**

Indigenous Māori Education Centre

PUKA WHAKAURU ĀKONGA - ENROLMENT FORM

<u>START DATE</u>	<u>ENROLMENT NUMBER</u>	<u>NATIONAL STUDENT NUMBER (NSN)</u>
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PRIVACY STATEMENT: The information on this form is collected to form part of the essential information the school holds on your child. The information collected will be used by the school for the following purposes; enrolling your child at school, assessing the education it needs of your child and ensuring that education services and resources in respect of your child are provided to the school.

The records made from this information may be viewed on request at the school. The information collected may be disclosed to education and health sector agencies in accordance with the principles of the Privacy Act. Except with your specific authorisation, it will not be disclosed to any other person or agency unless such disclosure is authorised or required by law.

STUDENT DETAILS	
LEGAL LAST NAME (as per Birth Cert)	
LEGAL FIRST NAMES (as per Birth Cert)	
Preferred full name	
Gender	TAMA / KŌTIRO
Date of birth	___ / ___ / ___
Birth Cert or Passport No.	<hr/> All enrolments must provide a copy of a valid passport or birth certificate before enrolment can be accepted. The student cannot start school unless this is received at the office.
Ethnicity (Up to 3 Ethnicities only)	1)
	2)

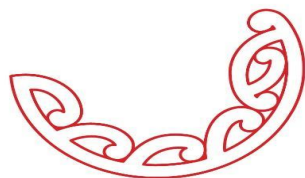


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	3)
Student's Tribal Affiliations (Up to 3 Tribal Affiliations only)	1)
	2)
	3)
ADDRESS	
PARENT/PRIMARY CAREGIVER 1	
FULL NAME	
Contact phone numbers	Home phone no.
	Mobile phone no.
	Work phone no.
Email	
Relationship to the student	
Residential address	

PARENT/PRIMARY CAREGIVER 2	
FULL NAME	
Contact phone numbers	Home phone no.
	Mobile phone no.
	Work phone no.
Email	



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Relationship to the student	
Residential address	

EMERGENCY CONTACT 1

(if unable to contact either Parent 1 and 2 will contact emergency contacts)

FULL NAME	
Contact phone numbers	Home phone no.
	Mobile phone no.
	Work phone no.
Email	
Relationship to the student	
Residential address	

EMERGENCY CONTACT 2

(if unable to contact either Parent 1 and 2 will contact emergency contacts)

FULL NAME	
Contact phone numbers	Home phone no.
	Mobile phone no.
	Work phone no.



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Email	
Relationship to the student	
Residential address	

MEDICAL DETAILS	
Doctors Name	
Doctors Phone number	
Doctors Address	
IMMUNISATION	
Certificate Date	___ / ___ / ___
Fully immunised to 5 Years	YES / NO
Immunisation comment	
Please attach either the immunisation Certificate or a copy of the certificate to this enrolment form	

Are there any Medical Conditions that we should be aware of?	YES / NO
If YES please comment please include any medications:	



Eg. Mild asthmatic – carries Ventolin inhaler in school bag or SEVERELY ALLERGIC TO PEANUTS or BEE STINGS – carries an epee pen in bag or epee pen to be stored at Kura etc...	

VISION AND HEARING TESTING	
<i>The Waitemata District Health Board – Child and Family Services at Waitakere Hospital</i>	
<p>Vision and hearing tests are completed on site by a vision and hearing technician from Child and Family Services within the first 4 weeks every term. Groups that are tested are Year 1 – Year 8 students, New entrants who have not had a “B4 School” hearing and vision test, tamariki who are listed to be retested and tamariki who were absent from Kura on a previous testing day and Year 7 Students – Vision only.</p>	
Please sign and date to acknowledge that you have read and accept the above advice	signature
	____ / ____ / ____

DENTAL	
<p><i>The Kura is serviced by The Waitematā District Health Board – ARDS – The Auckland Regional Dental Services once a year during most of Term 1 each year. The services use a mobile dental unit which is brought onto the Kura premises. Full dental services are offered free to Year 1 – Year 8 students only. (Secondary students can choose their own private dentist and receive free dental treatment until they leave school</i></p>	
Do you give permission for your tamaiti to receive DENTAL TREATMENT from ARDS dentists at Kura?	YES / NO
	signature
If your answer was NO above please provide details of your Tamaiti Dentist	
Dentists Name	
Dental Practices Name	



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Dental Practice Phone no.	
Dental Practices Address	
Dental Comments:	

PREVIOUS EDUCATION			
Did your tamaiti attend? Please circle	YES / NO		
	KŌHANGA REO / PUNA REO / DAYCARE / KINDERGARDEN		
How many YEARS your tamaiti attended?		How many HOURS PER WEEK your tamaiti attended?	
<i>Please provide details below for the Kōhanga Reo, Puna Reo, Daycare or Kindy your child attended</i>			
Name			
Tumuaki Name			
Phone No.			
Address			
Any other comments?			
Did your tamaiti attend? Please circle	YES / NO		
	KURA KAUPAPA MĀORI / RŪMAKI REO / WHAREKURA		
How many YEARS did your tamaiti attend?			
<i>Please provide details below for the Kura Kaupapa Māori, Rūmaki Reo or Wharekura attended? If more than one please provide for the most recent.</i>			
Name			
Tumuaki Name			



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Phone No.	
Address	

Do you have any comments to make about your tamaiti time at this Kura?

SCHOOL TRANSPORT ASSISTANCE / ALLOWANCE

Every year the Kura applies for financial assistance for student travel to and from Kura. The Kura Board of Trustees has elected to distribute the funds as follows:

- 10% of the total funds go toward covering the shortfall in school bus trip expenses
- GST charges on the 'School Transport Assistance/Allowance'.

AND TO

-Whānau who fit the following criteria: All tamariki from Year 1 – Year 8 who live 3.2 km or more from the Kura, and tamariki Year 9 and above who live 4.8 km or more from the Kura

Please complete attached Education Services form with:

Full name	Bank account number
Name of the account	Valid email address
Address	Contact number
Sign and Date	

This form must be completed and returned with proof of address before you can receive any travel assistance/allowance provided you fit the above criteria.

- We live _____ Kilometres from TKKM o Hoani Waititi Marae.



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IMPORTANT	
Are you going through any legal battles determining custody of your tamaiti? If you have any documents in your possession that determine custody, visitation, non-trespass etc., to do with your tamaiti that we should be aware of we need to have a copy of any 'Court orders / Determinations' on your tamaiti file so that we do not overstep any legal boundaries.	YES/NO If yes provide evidence

I declare that all information provided in this Enrolment Form is true and correct.

_____ / _____ / _____

PRINT NAME

SIGNATURE

Date

Parent / Caregiver

Puka Whakaae Whānui 2023

Ngā Haerenga i Tāmaki-makau-rau



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Please fill out the electronic puka whākaae:

<https://forms.gle/SfC7S8XeFFGe3Zzj6>

This puka whakaae (permission slip) will allow your tamaiti/tamariki to attend ALL trips in the AUCKLAND REGION throughout the 2023 school year.

Please ensure that all medical information is completed and advise the kura ASAP if any contact details have changed.

Kirimana Whakamahi Tipapa

KURA TUATAHI

Tau 1 - 6

From Nov 2022, this will be required to be filled out electronically:

<https://forms.gle/dzkxemMgbSU2KTs1A>

Kirimana Whakamahi Tipapa

WHAREKURA

Tau 7 - 13

From Nov 2022, this will be required to be filled out electronically:

<https://forms.gle/hUAzHx2Aa6BGpQFq8>

KAI ACCEPTED AT KURA	KAI NOT ACCEPTED AT KURA
Hanawiti / Sandwiches , Filled rolls	Chips any sort / Maramara rīwai



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Nuts , Seeds , Raisins / Nati , Reihana	Fruit strings, Fruits rings , Lollies
Jelly , Jelly and fruit / Tiera me te huarākau	Cakes , Muffins , Donuts / Keke , Māwhena , Tōnati
Rice Crackers / Pihikete Raihi	Roll up
Yoghurt / Miraka Tepe	Pies / Kōpaki Mīti
Savoury Muffins / Māwhena tīhi me te mīti	Biscuits , Cookie time / Pihikete
Soup / Hupa	Chocolates
Fruit , Vegetables / Huarākau , Huawhenua	Sausage Rolls
Noodles , Rice (already prepared) / Nurara , Raihi	Pastries , Cream filled
Dried Fruit / Huarākau Maroke	Fizzy drinks
Canned Fish (Tuna, salmon)/ Ika	Fruit Drinks
Meats, Luncheon , Sausages / Mīti	Left over Takeaways
Left over home cooked kai	Up & Go
Vege Chips	Energy Drinks
Popcorn / Kānga Pakopako	
Pretzels	
Sushi , Donburi , Seaweed / Karengo	
Hāngi	

**ACCEPTED INU: WAI MĀORI ANAHE KI TE KURA
KATOA**

FOR OFFICE USE ONLY



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_____	___ / ___ / ___	Kura Received Stamp
ENROLMENT YEAR	ADMISSION DATE	
_____	_____	
ENROLMENT NO.	ENTERED BY (ADMIN STAFF)	

ADMISSION APPROVED BY TUMUAKI / AMORANGI		