TOKOROA HIGH SCHOOL – ENROLMENT FORM

Tutor Group

Whanau: FT TM TR SA

Surname: _____

First Name: _____

Preferred Name: _____

Date of Entry

Date Left

Destination

Student's mobile phone number: 02_____

Birth Certificate / Passport

No: ..... Expiry date: .....

Country of Birth .....

Date of Birth .....

Male/ Female .....

Ethnicity 1. .....

2. .....

Language spoken at home.....

Brothers/Sisters in this school

1. .....

2. .....

Iwi if appropriate

1. .....

2. .....

3. Unknown

Medical/Health

Health Problem .....

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Doctor .....

Dentist .....

Caregivers (1) (eg. Mother, aunt etc)

Mrs Ms Miss Dr

Name .....

Relationship to student .....

Address .....

.....

Home phone .....

Mobile .....

Email address .....

Caregivers (2) (eg. Father, uncle etc)

Mr Dr Ref Ps

Name .....

Relationship to student .....

Address .....

.....

Home phone .....

Mobile .....

Email address .....

Emergency contact (3)

Name .....

Relationship to student .....

Address .....

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Home phone .....

Mobile .....

Email address .....

Current Year Level .....

Current School .....

NSN # .....

Parent/Guardian's Signature Student Signature Date

Please note these contact details may be passed onto the Ministry of Education and the Ministry of Social Development. This is to enable these ministries to identify, office support and assist young people in finding employment, training or further education.

NB: It is now a requirement by the Ministry of Education that the school be provided with a copy of either a birth certificate or a passport of the enrolled student.