



TAKAPUNA
GRAMMAR SCHOOL

TAKAPUNA GRAMMAR SCHOOL

210 Lake Rd PO Box 33 1096 Takapuna Auckland 0740 New Zealand
T: 09 489 4167 F: 09 486 7118 E: enrolments@takapuna.school.nz
www.takapuna.school.nz

FOR OFFICE USE:

Enrol # _____

Start Date _____

Time _____

To see _____

Enrolment Form

YEAR LEVEL (please tick)

9 10 11 12 13

Either

IN ZONE

The student must be residing with parents or legal guardians in the Takapuna Grammar School zone.

You are required to provide a recent copy of at least one of the following as evidence:

- Rates Notice
- Power or Telephone Account
- Purchase Agreement
- Rental Agreement signed for a minimum of 6 months which includes the bond letter from Tenancy Services

or

OUT OF ZONE

The student is residing with parents or legal guardians outside the Takapuna Grammar School zone.

Note: Legislation may require a selection to be carried out by ballot.

Please complete applicable from the following:

1. Part of the Special Education Programme
2. Brothers or sisters presently attending Takapuna Grammar School

Name: _____ Level: _____

Name: _____ Level: _____

3. Brothers or sisters - past students

Names: _____

4. Other: _____

Please Note: On enrolment all students will be interviewed by Senior Management as arranged by the Enrolment Administrator.

The information supplied on this form will be available for use by Takapuna Grammar School. It will only be provided to outside agencies if it is directly related to the purpose in connection with which the information was obtained, or in accordance with the Privacy Act.



STUDENT'S PERSONAL DETAILS

Surname/Last Name: (as per legal document e.g. passport or birth certificate) _____

First Name/s: _____ Preferred Name: _____

Home Address: (where living most of the time): _____

Home Phone: _____ Home Email: _____

Gender: Male / Female _____ Date of Birth ____ / ____ / ____ (Day / Month / Year)

Country of Citizenship: _____ Ethnicity: _____

(Note: If other than New Zealand or Australian citizen please complete Student from Overseas section below)

First Language: _____ Other Languages Spoken: _____

Iwi Affiliation: (if applicable) 1 _____ 2 _____ 3 _____

PREVIOUS /CURRENT SCHOOL

If a Secondary School please state reason for leaving: _____

Any NCEA Credits already attained: (please supply appropriate documentation) _____

Any siblings already attending Takapuna Grammar School:

Name	Year	Name	Year
_____	_____	_____	_____
_____	_____	_____	_____

STUDENTS FROM OVERSEAS (Both Parent and Student Passports required to be sighted)

Date of entry into New Zealand ____ / ____ / ____
DAY / MONTH / YEAR

Visa Type:

Parent: Work / Student / Permanent Resident / Other Visa Type

Expires ____ / ____ / ____
DAY / MONTH / YEAR

Student: Permanent Resident / Student

Expires ____ / ____ / ____
DAY / MONTH / YEAR



CAREGIVERS

For the School to fulfil its responsibilities to Caregivers, it must have up-to-date contact information to report on student progress and to notify Caregivers in cases of emergency. It is important that the following sections are completed fully and the Enrolments Administrator notified as soon as changes occur.

PRIME CAREGIVER:

Title: Miss / Mrs / Ms / Mr / Other _____

Surname / Family Name: _____ First Name: _____

Address: _____

Home Phone: _____ Work Phone: _____

Mobile: _____ Email: _____

Occupation: _____ Workplace: _____

Relationship to Student: _____

Is this student living with this person? Yes No

Is this person a legal guardian of the student? Yes No

SECOND CAREGIVER:

Title: Miss / Mrs / Ms / Mr / Other _____

Surname/Family Name: _____ First Name: _____

Address: _____

Home Phone: _____ Work Phone: _____

Mobile: _____ Email: _____

Occupation Workplace: _____

Relationship to Student: _____

Is this student living with this person? Yes No

Is this person a legal guardian of the student? Yes No

Reports/Newsletters to be sent to **both** Prime and Second Caregivers? Yes No

* Please Note: Invoices will be sent to Prime Caregiver unless requested otherwise.

EMERGENCY CONTACT:

Title: Miss / Mrs / Ms / Mr / Other _____

Surname/Family Name: _____ First Name: _____

Address: _____

Home Phone: _____ Work Phone: _____

Mobile: _____ Email: _____

Relationship to Student: _____



STUDENT'S ABILITIES

Does the student have any condition that might affect classroom learning e.g. hearing loss, need for glasses, motor skill loss, learning/emotional difficulties, previous RTL or GSE involvement? Yes No

If yes, please explain and attach copies of any diagnostic or supporting documentation.

DECLARATION

- I/We hereby apply to enrol our son/daughter at Takapuna Grammar School.
- I agree to see that he/she observes the rules and regulations as approved by the Board of Trustees.
- I agree to inform the school of any changes of caregiver, guardianship or living arrangements.
- I agree to my son's/daughter's name and photo being included in school publications and on the web site in matters relating to student activities and achievements.
- I am aware that there are fees associated with some curriculum and sporting/cultural activities and will be responsible for the payment of these.
- I have read the Cybersafety Use Agreement document and am aware of the school's initiatives to maintain a cybersafe learning environment, including the responsibilities involved.
- I agree for contact information to be supplied to the PTA.
- I/We declare that we are the legal guardians of this student and that the information given on this enrolment form is accurate to the best of our knowledge.

Signed: Parent/Guardian

Parent/Guardian

Date:

CHECKLIST – have you included the following?

- NZ Birth Certificate or Passport/Visa details
- In Zone Applicants – proof of residence
- Copies of most recent school reports/achievements
- Subject Choice Form and Co-curricular Music Form (if applicable)
- Medical/Health Form
- Finance Form (cheque attached or other payment details supplied)



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Student Health Record (CONFIDENTIAL)

To help maintain records for the Health Department and to help us care for your son/daughter in any illness/emergency situation, could you please answer the following questions.

Student's Surname: _____ First Names: _____

Family Doctor's Name: _____

Doctor's Address: _____

Doctor's Phone: _____

Dentist Name: _____ Dentist Phone: _____

Does your son/daughter have or ever suffer from: (specify treatment and medication if required)

Asthma Yes No

Diabetes Yes No

Epilepsy Yes No

Rheumatic Fever Yes No

Hepatitis A, B or C Yes No

Glandular Fever Yes No

Tuberculosis Yes No

HIV or AIDS Yes No

ADD, ADHD Yes No

Heart Condition Yes No

Does your son/daughter have or ever suffer from: (specify what type of reaction and what medication is required)

Allergic reaction to stings Yes No

Allergic reaction to food Yes No

Allergic reaction to medication Yes No

Allergic reaction to other Yes No

Does he/she suffer from any other physical or mental condition or disability? Yes No

Please state condition or disability: _____

Does he/she take any other medication on a regular basis? Yes No

Please list medication: _____



Has your son/daughter had the following vaccinations:

Meningococcal B Yes No

Measles/Mumps/Rubella (MMR) Yes No

Hepatitis B Yes No

Tuberculosis (BCG) Yes No

Polio & Triple Vaccine Yes No

ACCIDENT OR EMERGENCY SITUATIONS

If the school is unable to contact you or if the accident or emergency is serious, the Nurse may decide to take your child to the Medical Centre affiliated with the school or to the North Shore Hospital A & E Department.

I give my permission for the Nurse to make such arrangements as believed necessary and I will meet the costs incurred. I give my permission for 'over the counter' medication to be given to my child for the relief of minor ailments and that I have fully disclosed all information relating to the above and accept responsibility for any outcomes from non-disclosures.

Parent's Signature: _____

Date: _____

(THE STUDENT HEALTH NURSE IS AVAILABLE 8.30AM-3.15PM MONDAY TO FRIDAY)

PERSONALISED ACTION PLAN FOR STUDENTS WITH ASTHMA AT SCHOOL

Has _____ been in hospital for asthma? Yes No How often? _____

Date of last visit: _____ Name of Hospital: _____

Other information: (e.g. specialist's instructions) _____

Inhalers to be used at school and how often: _____

Inhaler Colour: _____ Inhaler is kept: (where?) _____

Is Inhaler to be used before exercise? Yes No

Is Inhaler to be used during exercise? Yes No

Is Inhaler to be used after exercise? Yes No

Best Peak Flow: _____

State student's symptoms during an asthma attack: _____

At start of asthma attack, please give: _____

If this does not work after _____ minutes give: _____

If condition not relieved by this, Parent/Caregiver will be notified immediately and ambulance will be called if necessary.

Parent/Caregiver Name: _____

Signed: _____

Date: _____



Uniform

SENIOR UNIFORM



GIRLS

BLOUSE short/long sleeved – cornflower blue check, **SKIRT** dark navy box pleat below knee length, **TROUSERS** dark navy dress, **JERSEY** dark navy rib, **VEST** dark navy rib, **BLAZER** dark navy pin stripe, **SANDALS** black or brown, **TIGHTS** black, **SOCKS** dark navy, ankle or knee length, **SHOES** black leather.

BOYS

SHIRT short/long sleeved – cornflower blue check, **SHORTS** dark navy drill, **TROUSERS** dark navy dress, **JERSEY** dark navy rib, **VEST** dark navy rib, **BLAZER** dark navy pin stripe, **SOCKS** dark navy, **SANDALS** black or brown, **SHOES** black leather.

JUNIOR UNIFORM



GIRLS

BLOUSE navy short sleeved revere collar princess line, **SKIRT** dark navy box pleat below knee length, **TROUSERS** dark navy dress, **JERSEY** navy rib, **SANDALS** black or brown, **SHOES** black leather, **SOCKS** dark navy, ankle or knee length, **TIGHTS** black

BOYS

SHIRT navy short sleeved placket, **SHORTS** dark navy drill, **TROUSERS** dark navy dress, **JERSEY** navy rib, **SOCKS** dark navy, **SANDALS** black or brown, **SHOES** black leather.

JUNIOR AND SENIOR

JACKET school dark navy (rain proof with hood),
SCARF school blue and gold striped (optional), no other scarves to be worn,
CAPS school navy. No headwear to be worn.



JUNIOR PHYSICAL EDUCATION

PE SHORTS dark navy and gold, **PE SHIRT** dark navy and gold, **FOOTWEAR** lace-up sports shoes.

FOOTWEAR

These are samples of the types of shoes both boys and girls are required to wear.

Girls shoes must have a t-bar or lace-up and must be worn with socks or tights.

no slip-ons to be worn by either boys or girls.

Uniform sandals must be worn without socks or tights.



AVAILABLE FROM SCHOOL UNIFORM SHOP

All new school uniforms, second hand uniforms, physical education uniforms, scarves, caps and tracksuits are purchased through the Uniform Shop.

UNIFORM REGULATIONS

- T Shirts or thermals worn under uniform must not be visible
- Regulation School cap only – not to be worn in classrooms
- Hair must be neat and clean – neither extreme styles nor exotic colours are acceptable
- Hair accessories must be navy or black
- Jewellery is not permitted although students may wear one plain gold or silver stud (not hoops) in each earlobe.
No nose studs, tongue studs or rings in eyebrows or lips
- Make up and nail polish may not be worn
- Boys must be clean shaven
- No sports shoes are acceptable

NOTES: Takapuna Grammar School jackets are available from the Uniform Shop and must be worn - no other rainwear is acceptable. Footwear must be clean and sandals must have a heel strap. Sports shoes are not acceptable. Socks/tights must be worn with shoes but not with sandals.