ATEA COLLEGE

21 Domain Road, Panmure, Auckland 1072, New Zealand admin@ateacollege.com

APPLICATION for ENROLMENT

| Surname (Last Name) of Student: | |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Christian (First) Names of Student: | |
| Name the student is normally called: | |
| Student's Date of Birth:/ Sex: | Citizenship: |
| What is the Student's Present School/Preschool ¹ ? | Present School Year: |
| Proposed start date at ATEA College: | Proposed School Year: |
| Any special guardianship notes? | |
| Is this an application for onsite or online tuition? | (Tick one) Onsite Online |
| Is this an application for a full-time or part-time enrolme | nt? (Tick one) Part-Time Full-Time |
| Do any of the following apply to your child (now or in the | ne past)? (Tick then explain): Physical Difficulties Educational or Behavioural Problems |
| Please give details of any Allergies or Health Problems t | that may affect schooling or may need attention during school hours: |
| How well has your child been progressing at school? | |
| Please explain why you want to enrol your child in ATE. | A College: |
| | |
| untrue or misleading ATEA College reserves the right to Indemnity: In consideration of ATEA College providing hereby indemnify ATEA College Ltd, its managers, tead damages, costs, demands, payments, expenses, causes of such claims, actions or proceedings brought by through of Agreement: We have read the <i>Primary and Secondary</i> to all the terms and conditions set out in it, including con | form is to our best knowledge true and accurate. If any information given is revoke the applicant's enrolment. If educational services to our child [enter child's name:] |
| Signed: (The signatures of both parents are required.) | |
| | Mother: Date: |
| If the person making this application is <u>not</u> the student's | Father or Mother please give details: |
| Name: | Relationship to Student: |
| Signed: | Date: |
| | Postcode: |

Preschool details are requested by the Ministry of Education for their use only. Failure to advise this will *not* affect your application.

Health Authorities require we keep an Immunisation Register: withholding this information will not affect your application.

| _ | th parents, list the names and ages of others living at this address: |
|--------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| | We are applying to enrol this student in a course of study we recognise as appropriate to this child's proficiencies |
| Student's Course | and needs, and (in the case of a senior secondary enrolment) that offers qualifications and opportunities appropriate to the student's career plans. (Tick one) Yes No |
| Father's Last Name: | First Names: Date of Birth://. |
| Father's Marital status | tick) not married first marriage widowed separated divorced remarried |
| Contact Details: | Home Phone: Mobile Phone: |
| (Father) | Business Phone: email: |
| Father's Address: (If different from the student | nt's) |
| Mother's Last Name: | First Names: Date of Birth: / / |
| Mother's Marital statu | tick) not married first marriage widowed separated divorced remarried |
| Contact Details: | Home Phone: Mobile Phone: |
| (Mother) | Business Phone: email: |
| Mother's Address: (If different from the student | nt's) |
| Please give the names | and ages of your other children: |
| | all your children in ATEA? (Tick) Yes No If "No" please explain: |
| | |
| What Church, if any, or Please give a brief des | do you attend? Does all your family attend? scription of your faith: |
| | |
| Mother: | |
| | |
| How did you find out | about ATEA? |
| If the student is not liv | ving with one or both parents, give details of the Student's Caregiver: |
| Caregiver's Last Nam | e: |
| Occupation: | Email: |
| | Home Phone: Work Phone: |
| _ | Post Code: |
| Indemnity: We declar | e that this caregiver is a relative or close family friend and accept responsibility for selecting accommodation for d, subject to inspection and approval by ATEA College. |
| Signed: Father: | Mother: Date: |
| If the student is living | with a Homestay Provider who is not the Caregiver, give details: |
| Person's Surname: | First Name: Date of Birth: |
| Contact Details: M | obile Phone: Home Phone: |
| Ві | usiness Phone: Email: |

Collection & Use of Information: We collect information according to the principles of the Privacy Act 1993. We have a detailed Privacy of Information Code which you are welcome to read. Its provisions are summed-up in our undertaking to collect information only for the purposes of providing the services we offer, to store that information safely, to give you access to (as well as the right to request amendment of) the information we hold from you, and to keep parents fully informed of all matters relating to their child's school work and conduct. We limit the information given to pupils however. The information we request has been carefully selected because we need it: failure to supply all requested information may result in an application being declined or our services withdrawn. From time to time we send out information on our services and products: if you do not wish to receive this information please advise us.