



# *Te Kura Kaupapa Māori o Manawatū*

*E kore rawa e monehunehu  
te pumanawanui ki to totou reo rangatira  
te mātahi o te tau ki te ura mai o te motu  
Te Kura Kaupapa Māori o Manawatū ki Rangīāne*



## Enrolment Booklet 2020 (Transfer)

***Please provide the following documentation:***

1. Birth Certificate or Passport
2. Immunisation Certificate

***Return this booklet and all supporting documentation to:***

Te Kura Kaupapa Māori o Manawatū  
88 Rhodes Drive  
Kelvin Grove  
Palmerston North  
4414

# Tono/Enrolment Form

## Tono/Enrolment Form

### ***Rationale***

This booklet has been developed to provide tono/enrolment details for whānau who wish to enrol their tamaiti at Te Kura Kaupapa Māori o Manawatū.

### **Privacy Act 1993 Statement**

The information entered on this form will be used by the Ministry of Education and Te Kura Kaupapa Māori o Manawatū for statistical and administrative purposes only.

### **Primary and Emergency Contact Details**

Te Kura Kaupapa Māori o Manawatū has a process of inputting taurira records to ensure that if, in an emergency, either accident or Civil Defence; matua and kaitiaki are informed at the soonest possible opportunity. This document is aligned to the Health & Safety, and Civil Defence Policies'.

Note: All policies are available for you to read at Te Kura Kaupapa Māori o Manawatū during Kura hours and are situated in the Tari. All Policies are regularly reviewed, and we welcome your comments and feedback.

### **Finance**

Te Kura Kaupapa Māori o Manawatū is committed to providing whānau with easy options for meeting costs associated with their child's education.

### **Hearing and Vision Consent Form**

He Puna Hauora Incorporated is an independent Māori Health Provider that provides Vision and Hearing Testing.

### **School Dental Service Form**

Mid Central Health is the provider of free dental treatment for all students. All dental services will be carried out onsite through the Mobile Dental Service.

### **Publications, Video, Internet Consent and Release Agreement**

This section aligns to the Publications, Video, Internet Consent and Release Agreement Policy.

### **Whānau Commitment**

It is a requirement that whānau are seen participating and supporting in kura activities. That whānau must attend our kura whānau hui Pa Harakeke.

# Tono/Enrolment Form

## Primary and Emergency Contacts

Name of Tamaiti:

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Preferred Name of Tamaiti:

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Date of Birth:

Birth Certificate:

Male:

Female:

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Previous Kura:

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How long did your child attend this Kura:

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Number of Older Siblings:

Number of Younger Siblings:

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Is your child fully immunised?

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NB: Please provide a copy of your child's Birth Certificate and Immunisation Certificate

**Ethnicity (please tick)**

Maori  Tongan  Fijian  Samoan  Rarotongan  Other  \_\_\_\_\_

Iwi:

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Hapū:

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Marae:

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***Medical Information (Please provide doctor's information)***

Name:

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Medical Centre (if applicable):

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Phone:

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Street Number and Name:

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Suburb:

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City:

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Medical History/ Allergies:

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# Tono/Enrolment Form

## *Primary Contact Information (Main Caregiver)*

First Name:

Surname:

Phone (hm):

Phone (wk):

E-mail:

Cellular Phone:

Street Number and Name:

Suburb:

City:

Relationship to tamaiti:

Occupation:

### **Ethnicity (please tick)**

Maori  Tongan  Fijian  Samoan  Rarotongan  Other  \_\_\_\_\_

Iwi:

Hapū:

Marae:

## *Emergency Contact Information*

First Name:

Surname:

Phone (hm):

Phone (wk):

E-mail:

Cellular Phone:

Street Number and Name (if different from above):

Suburb:

City:

Relationship to tamaiti:

Occupation



# Tono/Enrolment Form

### *Access Section*

Please complete the following section if there is any person(s) **NOT** permitted to access your tamaiti/ tamariki at Kura.

First Name:

Surname:

### *Comments:*

### *Transport Consent*

Te Kura Kaupapa Māori o Manawatū will be going on regular outings - both walking and by vehicular transport as part of the Kura's Education Outside The Classroom (EOTC) programmed.

*I (Full Name)*

*I give  do not give  permission for my child named in this booklet to participate in all EOTC outings.*

*Signature*

# Tono/Enrolment Form

## Finance

### Invoices - (*Whānau Accounts*)

Upon enrolment of your tamaiti at kura, you will be set up with a whānau account. Provided you are not over \$200 in debit you may charge any purchases, trip expenses or hākinakina fees to your account. If you are eligible for Transport Pūtea, this will be credited to your account at the start of each term. If you are over \$200 in credit you will be asked to withdraw some of this pūtea.

**Trips and Excursions** - There are often off-site activities that the Kura participate in. Date/s and any associated costs are normally advertised well in advance. Mātua are asked to meet the costs associated with any of these activities, which are always kept to an absolute minimum.

**Te Puāwaitanga Fund** - The Te Puāwaitanga Fund of \$60 per tamaiti/per year is a savings that accumulates for your child's graduation when they reach Tau 8. \$10 per year of the \$60 is utilized to pay for your child's meal for the current year which leaves a total of \$50 per year saved. Should your child be a transfer student then the amount you pay per year will be calculated based on the amount of years your child will be at kura. Again, this is not compulsory, but if not paid will affect what your child's year group can afford to do for their graduation. See the table below to work out how much you will be expected to pay per year:

Year the Students START	Amount Payable	Formula
Year One	\$480	\$60 per year x 8 Years = \$480
Year Two	\$470	\$67.15 per year x 7 Years = \$470
Year Three	\$460	\$76.67 per year x 6 Years = \$460
Year Four	\$450	\$90 per year x 5 Years = \$450
Year Five	\$440	\$110 per year x 4 Years = \$440
Year Six	\$430	\$143.33 per year x 3 Years = \$430
Year Seven	\$420	\$210 per year x 2 Years = \$420
Year Eight	\$410	\$410

### Purchases -

1. Kākāhu Kura (uniform).
2. Sundry items, e.g photos.

Please be aware that if your account is over the \$200 in debit limit you will not be able to charge any of these to your account

**Agreement to pay the Te Puāwaitanga Fund**

I .....agree for the Te Puāwaitanga Fund for my child/ren  
.....to be charged to my whānau account for the duration  
of my child/ren’s education at Te kura Kaupapa Māori o Manawatū. I will inform the Tari should this  
change.

Signed: ..... Date: .....

**Tono/Enrolment Form**



The criteria for Transport Pūtea is based on the distance you travel from home to kura, Students that live more than 3.2 kilometers from Kura are eligible, however the amount you receive is based on how many days your tamaiti or tamariki attend school during the term.

It is the whānau's responsibility to inform the Tari of any change of circumstances that could change their entitlement to this Pūtea; eg: Change of Address. We also request that you provide confirmation of your address; ie Letter from an organisation dated in the last four months with your name and address eg PNCC Rates, Power Account, Telephone Account — please note that we only want a photocopy of the letterhead with your name and address no other personal details are required. Any Transport Pūtea entitlement will in the first instance be used to offset any outstanding debt owing to the Kura. Any surplus will be credited to your whānau account. Upon request a refund cheque can be issued.

If you think you may be eligible for Transport Pūtea please fill in the form attached and don't forget to provide us with proof of address.

# Tono/Enrolment Form

## School Transport Pūtea Application for Assistance Form:

**Privacy Act 1993 Statement:** *The information entered on this form will be used by the Ministry of Education and Te Kura Kaupapa Māori o Manawatū only for statistical information and the purpose of funding school transport pūtea.*

**SECTION A: To be completed by Parent/Caregiver**

*1. Student Details (Please print clearly)*

<b>WHĀNAU NAME:</b>			
<b>RESIDENTIAL ADDRESS:</b>	<b>House Number:</b>		
	<b>Street/Road Name:</b>		
	<b>Suburb:</b>		
	<b>City/Town:</b>		
<b>DISTANCE ONE WAY FROM HOME TO KURA (by Shortest Route):</b>			<b>KM</b>

<b>Name all students in your household applying for, or already receiving Transport Pūtea:</b>	
<b>First Names:</b>	<b>DOB:</b>
<b>Last Name:</b>	<b>Gender: Male    Female</b>
<b>First Names:</b>	<b>DOB:</b>
<b>Last Name:</b>	<b>Gender: Male    Female</b>
<b>First Names:</b>	<b>DOB:</b>
<b>Last Name:</b>	<b>Gender: Male    Female</b>
<b>First Names:</b>	<b>DOB:</b>
<b>Last Name:</b>	<b>Gender: Male    Female</b>

*2. Parent/Caregiver Details (Please print clearly)*

<b>TITLE:</b>	<b>(Please Circle): Mr    Mrs    Ms    Miss    No Title</b>	
<b>NAME:</b>	<b>First Names:</b>	
	<b>Last Name:</b>	
<b>ADDRESS:</b>		
<b>PHONE NUMBER:</b>	<b>Home:</b>	<b>Cell:</b>
<b>EMAIL ADDRESS:</b>		

# Tono/Enrolment Form

## 5. Parent/Caregiver Declaration

I declare that the information entered on this form is true and correct. I undertake to notify the Kura of any changes to the information entered on this form.

Signature of Parent/Caregiver:

Date:

## SECTION B: To be completed by the Principal and/or authorised person

I declare the above applicant is:

Eligible to receive School Transport Assistance

Student Name:	Start Date:

Ineligible to receive School Transport Assistance

Signature of Principal:

Date:

## Tono/Enrolment Form

### Hearing & Vision Consent

This section requests your consent for the He Puna Hauora Nurse and/or Vision Hearing Technicians to carry out the following (please circle the appropriate answer):

- **Hearing & Middle Ear/Tympanometry Screening Tests** Yes / No
- **Vision Screening Tests** Yes / No

*Ear and eye checks, can be requested by teachers, principals, caregivers or parents  
Any results will be sent on to your GP 'Doctor to ensure better coordinated care of your tamaiti.*

**Is your child up to date with their immunisations?** Yes / No  
We can provide immunisation programs as required.

**Has your child had any ear problems?** Yes / No

Please provide more details. \_\_\_\_\_ **Has your**

**child had grommets inserted into their ears?** Yes/No

If so, please provide more details. \_\_\_\_\_

**Does your child wear glasses, or do they have difficulty with their vision?** Yes / No

If so, please provide more details. \_\_\_\_\_

**Please list any other health conditions or concerns your child may have**

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**Child's Full Name:** \_\_\_\_\_ **D.O.B:** \_\_\_\_\_

**Parent/Guardian Full Name:** \_\_\_\_\_

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

If you have any queries or concerns, please contact:

**He Puna Hauora:**

Unit 5 /160 Grey Street

**phone:** 356 7037,

**e-mail:** [hepunahauora@xtra.co.nz](mailto:hepunahauora@xtra.co.nz)

# Tono/Enrolment Form

## Enrolment Form For the School Dental Service

Some medical conditions and some medicines affect dental care. To help the school Dental Clinic take good care of your tamaiti, please answer the following questions:

Has your tamaiti ever had / has any of the following? (Please ✓ the appropriate )

- |                                     |     |                          |    |                          |
|-------------------------------------|-----|--------------------------|----|--------------------------|
| • Rheumatic Fever                   | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| • A Heart Condition                 | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| • Diabetes                          | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| • Epilepsy                          | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| • Hepatitis A, B or C               | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| • Asthma                            | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| • Bleeding Trouble                  | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| • HIV /Aids                         | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| • Other Medical Condition           | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| • An allergy to a Drug or Substance | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |

(If yes please describe):

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- Is your tamaiti taking any pills or medicines?      Yes         No

If yes, please state the name of the drug (it's usually written on the bottle):

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Reason for taking the drug:

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Permission to contact the doctor if necessary,      Yes         No  

You will be advised of any specific treatment required.

*I (full Name)*

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*understand no treatment will proceed until a completed signed consent form is returned each recall.*

I wish, do not wish (circle one) to enrol my tamaiti at the School Clinic

*Child's full name:*

*D.O.B:*

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*Signature:*

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## Tono/Enrolment Form

### Publications, Video, Internet Consent And Release Agreement

Students who attend school at Te Kura Kaupapa Māori o Manawatū (TKKMoM) are occasionally asked to be a part of TKKMoM publicity, publications and/or public relations activities. In order to guarantee student privacy and ensure you agree with your child's participation, TKKMoM asks that you sign this form and return to the Kura. The form reference below indicates approval for the student's name, picture, art, written work, voice, verbal statements or portraits (video or still) to appear in school publicity publications, videos or on TKKMoM website. For example, pictures and articles about school activities may appear in local newspapers or government publications. These pictures and articles may or may not personally identify the student. TKKMoM may also use the pictures and/or videos in subsequent years.

Te Kura Kaupapa Māori o Manawatū agrees that the student's name, picture, art, written work, voice, verbal statements, portraits (video or still) shall only be used for the public relations, public information, school promotion, publicity, and instruction.

If the Student and Parent/Guardian understand and agree that (please tick check boxes):

- No monetary consideration shall be paid
- Consent and release have been given without coercion or duress
- This agreement is binding upon heirs and/or future legal representatives
- The photo, video or student statements may be used in subsequent years

If the Student and Parent/Guardian wish to rescind this agreement they may do so at any time with written notice.

This release form applies to Te Kura Kaupapa Māori o Manawatū publications and programming and is not transferable to any commercial media enterprise

*Full Name*

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*Signature*

*Date*

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