



TE KĀPEHU WHETŪ

Navigating Māori Futures

Year Level

2024

YR 0	YR 1	YR 2	YR 3	YR 4	YR 5	YR 6	YR 7	YR 8	YR 9	YR 10	YR 11	YR 12	YR 13
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Student Surname:

Student First Names:

Date of Birth:

Gender: Male / Female

Place of Birth:

Date of application:

Home address:

Postal Code:

Do you have a sibling who attends Te Kāpehu Whetū: YES / NO

If so, who:

LEVEL OF TE REO

None

Basic

Conversational

Fluent

Please provide a copy of a birth certificate, passport or other documentation verifying residency status.

Name of previous School ECE/Kōhanga Reo:

Date Last Attended:

Any personal, home, or social circumstances which will assist in understanding the student background (if applicable)

Student Lives with:

Both Parents

Mother

Father

Other



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KOROWAI MĀORI							
Iwi							
Hapu							
Marae							
WHAKAPAPA							
Tupuna Matua <small>Great GF</small>	Tupuna Whaea <small>Great GM</small>	Tupuna Matua <small>Great GF</small>	Tupuna Whaea <small>Great GM</small>	Tupuna Matua <small>Great GF</small>	Tupuna Whaea <small>Great GM</small>	Tupuna Matua <small>Great GF</small>	Tupuna Whaea <small>Great GM</small>
Tupuna Matua <small>Grandfather</small>		Tupuna Whaea <small>Grandmother</small>		Tupuna Matua <small>Grandfather</small>		Tupuna Whaea <small>Grandmother</small>	
<hr style="width: 80%; margin: 0 auto;"/> <p>Papa Father</p>				<hr style="width: 80%; margin: 0 auto;"/> <p>Mama Mother</p>			
<p>Ākonga Student</p>							



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WĀWATA (Aspirations)

He uri koe no ngā hoia 28 Māori Battalion?

Are you a descendant of the 28 Māori Battalion

He aha ōu wāwata?

What are your aspirations?

He aha ngā wāwata o tō whānau?

What are your family's aspirations?



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	Parent/Caregiver 1	Parent/Caregiver 2
Full Name: <i>Mr/Miss/Ms/Mrs</i>		
Address:		
Phone: Home		
Phone: Work		
Cell phone:		
E-mail:		
Relationship to Student:		
If you reside in Moerewa or Kawakawa, do you require bus transportation: YES / NO		

CONDITIONAL CONTACT (WITH PRIOR PERMISSION OF PARENT/LEGAL GUARDIAN)			
Name	Address/ Email	Contact Numbers	Relationship
		Ph: Mob: Other:	
EMERGENCY CONTACT:			
Name	Address/Email	Contact Numbers	Relationship
		Ph: Mob: Other:	
NB: If there are any documents pertaining to Custody Access, Protection Orders etc, please provide copies for our record. We are unable to uphold verbal instructions without legal documentation.			
Name	Address/Email	Contact Numbers	Relationship
		Ph: Mob: Other:	



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Education Outline:						
Attendance: (Relevant to Year 10 -Year 13) Please circle appropriate one	100 % - 90%	90% - 80%	80% - 70%	Below 70%		
Academic Ability: (Please circle appropriate one)	Above average	Average	Below average			
Has your child been?			Yes: Date and Reason		No:	
Stood down						
Suspended						
Excluded						
Does your child have a pending?			Yes: Reason		No:	
Stand down						
Suspension						
Exclusion						
Was your child removed from the roll due to 20 days absence?						



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STUDENT HEALTH RECORD			
HAUORA (HEALTH)			
Rata (Family Doctor)			
Wahi Rongoā:		Nama Waea/Īmera:	
Rata Niho:		Nama Waea/Īmera	
Tapiritia te Rongoa araimate (please attach immunisation records)		Yes	No
<p>Kua pā tētahi atu mauuitanga ki a koe? (Do you suffer from any other medical condition/ disability) Measles Mumps Chickenpox Polio Epilepsy Diabetes Eczema Asthma Heart Condition Eating disorder Arthritis Scoliosis Glandular Fever Haemophilia Head injury Migraines Whooping Cough Hepatitis Rheumatic Fever Allergy Menā kua whakaaetia e koe ki ngā mate ki runga, he Rongoa tūa? (If you circle any of the above, are you on any medication/Treatment?)</p>			
He rongoā tāu mō tenei? (Are you taking any medication for this?) YES /NO			
Kua whai pokanga koe ? (Have you had any operation/surgical procedures?) YES /NO			
Whakaporohita menā he taimahatanga (Circle if you have difficulty)			
Titiro (Sight)	Whakarongo (hearing)	Kōrero (Speech)	
Whakaaetanga ki te tuku Rongoā (Permission to administer Medication)			
Rongoā		Hainatanga matua/kaitiaki Parent/caregiver signature	
Paracetamol			
Ibuprofen			
Whakaaetanga kia aromatawaia ki te RATS(Permission to administer RATS test if symptomatic) Yes/ No			
Whakahau Rongoā (Prescription Medication)			
<p>Taking prescription medicine at Kura is discouraged, however, if required during school hours or EOTC please complete the medication register below. A staff member required dosage and prescription medications will be kept in a locked medicine cabinet. The Kura must be advised of all existing or new medical conditions.</p>			
Mate (Condition)	Roanga (Duration)	Rongoā Whakahau (Medication & Dosage)	Ngā Tohu (Symptoms)



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He AITUA, HE WHAKAMARUMARU (Accidents & Emergencies)

In the event of an accident or emergency during Kura including EOTC your child may require urgent medical treatment. Any cost incurred will be your responsibility.

I confirm that the above information is correct and give my permission regarding the student named above, as and when required for.

- a. Kura Staff or registered health professionals engaged by the Kura to administer the above medication without contacting me prior to their use in the treatment of illness.
- b. Trained Kura staff and/or St John Ambulance staff and/ or Rescue Helicopter staff as may be required to provide emergency transport/first aid.
- c. Qualified medical practitioners and other health professionals in a clinical or hospital capacity to provide appropriate emergency treatment.

Haitanga matua / Kaitiaki
(Parent/Caregiver Signature)

WHAKAPUTANGA (Declaration)

We the whānau commit to working together with the Kura to equip our tamaiti with the skills and knowledge needed to succeed in this ever-changing world and to enable them to develop an attitude that will allow them to make the most of every opportunity that Kura life affords them. We commit to the kaupapa of Te Kāpehu Whetū which reflects tikanga o Ngāpuhi-nui-tonu.

Te Tiriti o Waitangi, our rights of citizenship affirmed by the men of the 28 Māori Battalion and ngā pou e toru, Kia Māori, Kia Matau, Kia Tu Rangatira ai.

I /We request that the above-named student be enrolled at Te Kāpehu Whetū. We agree to abide by the policies and procedures of Te Kāpehu Whetū as specified in the Quality Management System ratified by the Establishment Board of Trustees.

I/ We give permission for the school to obtain school records and any other information relevant to my child's welfare from previous schools. Students may request to view and correct any errors in their records

I/We accept full responsibility for any cost incurred whilst attending Te Kāpehu Whetū. We understand that outstanding debts may be pursued by debt collection services.

I/We agree that cell phones are not to be switched on in classrooms and will be confiscated, parents must collect them from school if students use them during lessons. They are brought to school at the student's risk.

Haitanga matua / Kaitiaki
(Parent/Caregiver Signature)



EDUCATION OUTSIDE THE CLASSROOM (EOTC)

We ask that all parents/caregivers complete the following generic permission form for your child/children to participate in lower Level 1 & 2 EOTC events while they attend Te Kāpehu Whetū. The purpose of this generic permission form is to save time and resource costs when students participate in low-risk events.

Whānau will still be given an information sheet (e.g., costs dates, activities etc) by the Teacher in Charge (TIC) and you still have the right to withdraw your permission at any time by contacting the EOTC Co-ordinator or the teacher in charge of the event.

LEVEL	DEFINITION	EXAMPLE EVENTS	CONSENT ETC.REQUIRED
1	Onsite (Within kura)	<ul style="list-style-type: none"> Physical Education Classes Practical lessons outside class Athletics day Inter-house Competitions 	<ul style="list-style-type: none"> Curriculum events need the approval of Pouwhakahaere Sports and House events need the approval of the Senior Leadership Team Parent/Guardian blanket consent is gained on submission of this form.
2	Off-site events Occurring entirely during school time Or finishing after school hours, including sports teams.	<ul style="list-style-type: none"> Sports exchanges Basketball at Kensington Marae Visits School trips, museums, galleries, supervised centres Travelling outside of different areas around Transport 	<ul style="list-style-type: none"> All events where the students need to leave the school grounds during class time need senior leadership team (SLT) approval via an EOTC form After-school events require Senior Leadership Team (SLT) approval Parent/Guardian blanket consent is gained on submission of this form.

Name of Child/ren:

Name of Parent/Caregiver:

Signed:

Date:



PERMISSION TO USE PHOTOGRAPHS

To the parent/Legal Guardian/Caregiver

- Please read this page carefully as it includes information about safety and security issues associated with privacy.
- Indicate your preference with regard to the sharing of your child’s personal information.
- Complete and sign the form
- Return this form to the school. (A copy will be returned to you for your records.)

You are welcome to contact the school to discuss this Privacy Agreement if you wish.

In the interest of safety and security, every school requires parental permission for the publishing of students’ names or photographs on our website, and in our newsletters (which are handed out or emailed to parents).

We believe it is important to celebrate students’ achievements but are aware of the potential risks when such personal information or material is published on a global information system such as the internet.

We will share if given permission, no more than a student’s Name / Photograph via the school newsletter, or the wider online community via the school website/Facebook school page.

Please indicate your wishes by ticking the relevant permission.

I am happy for my child’s Name/Photograph or work to appear in the school newsletter or on the school website/Facebook School page.

I do not give permission for my child’s Name/Photograph or work to appear in the school newsletter or on the school website/School Facebook page.

Child’s Name:-----

My Name:-----

Parent/Legal Guardian/Caregiver (please circle which term is applicable)

Signature:-----Date:-----



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Our Kura Kaupapa:

We believe passionately in our culture, our people, and our ākonga, and we know that through hard work, commitment, and focused support they will achieve within the kura and beyond. We do this hereby acknowledging the 28 Māori Battalion and the price paid for citizenship, so that ‘we’ can “Navigate Māori Futures”.

To do this we commit to success in all its forms:

Kia Māori - Be Māori – Be

- An education that validates Māori knowledge and ways of learning.

Kia Mātau – Be Knowledgeable – Know

- Encouraging innovation, inquiry, and the development of specialised knowledge and skills.

Kia Tū Rangatira Ai – Be Rangatira – Do

- The development of strong character and personal excellence, living with mana.

Hainatanga Matua/Kaitiaki

(Parent/ Caregiver Signature)

Date

Hainatanga Ākonga

(Student signature)

Date