**Surname:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**First Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Preferred Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Student’s mobile phone number: 02\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Whanau: FT TM TR SA

Tutor Group

Date of Entry

Destination

Date Left

**Birth Certificate / Passport**

 No: …………………. Expiry date: ……………

 Country of Birth …………………………………

 Date of Birth …………………………………

 Male/ Female …………………………………

 Ethnicity 1. ………………………………

 2. ………………………………

Language spoken at home…………………….

**Medical/Health**

Health Problem …………………………………

…………………………………………………………………

…………………………………………………………………

Doctor ……………………………………………

Dentist ……………………………………………

**Brothers/Sisters in this school**

1. ………………………………………………………

2. ………………………………………………………

Iwi if appropriate

1. ………………………………………………………
2. ………………………………………………………
3. Unknown

**Emergency contact (3)**

Name ……………………………………………

Relationship to student …………………………

Address ……………………………………………

 ……………………………………………

Home phone …………………………………

Mobile …………………………………

Email address …………………………………

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

Name ……………………………………………

Relationship to student …………………………

Address ……………………………………………

 ……………………………………………

Home phone …………………………………

Mobile …………………………………

Email address ………………………………..

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

Name ……………………………………………

Relationship to student …………………………

Address ……………………………………………

 ……………………………………………

Home phone …………………………………

Mobile …………………………………

Email address ………………………………..

Ref

Mr

Ps

Dr

Dr

Miss

Ms

Mrs

Current Year Level ……………

Current School ………………………

NSN # ……………………………………..