



NORTHLAND COLLEGE PRE – ENROLMENT FORM

Date: _____ Student Full Name: _____

DOB: _____ Year Level: _____

Last 2 schools attended:

School Name: _____ Start Date: _____ End Date: _____

Reason for Leaving: _____

School Name: _____ Start Date: _____ End Date: _____

Reason for Leaving: _____

Have you ever been suspended or excluded from a school?

If yes, please give school name, reason and when you finished there in the space below:

Caregiver Details

Caregiver Name: _____ Relationship to Student: _____

Phone Number: _____ Alternate Phone Number: _____

Caregiver Address: _____

Any agencies involved with student/whanau? Please tick where necessary:

<i>Ngāpuhi Iwi Social Services</i>	<input type="checkbox"/>	<i>Social Worker</i>	<input type="checkbox"/>
<i>Youth Worker</i>	<input type="checkbox"/>	<i>Alcohol & Drug Counsellor</i>	<input type="checkbox"/>
<i>Ngati Hine Health Trust</i>	<input type="checkbox"/>	<i>Primary Worker</i>	<input type="checkbox"/>
<i>Miriam Centre</i>	<input type="checkbox"/>	<i>Counsellor</i>	<input type="checkbox"/>
<i>Oranga Tamariki</i>	<input type="checkbox"/>	<i>Police Youth support</i>	<input type="checkbox"/>
<i>Other (name)</i>	<input type="checkbox"/>		

I give permission for Northland College to contact any and all agencies and/or schools/education institutes for information pertaining to this enrolment.

Full Name (caregiver): _____

Signature: _____

Date: _____

Office Use Only:

Year Level Dean – enrolment is accepted / not accepted (please circle)