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Hillcrest High School

Te Kura Tuarua o Tihipuke

STUDENT ENROLMENT 2022

Office use:	
ID Number:	
Start Date:	
Entered Kamar:	

STUDENT INFORMATION							
Level: <small>(the year you are coming in to)</small>	9 <input type="checkbox"/>	10 <input type="checkbox"/>	11 <input type="checkbox"/>	12 <input type="checkbox"/>	13 <input type="checkbox"/>	Application type (tick) In Zone <input type="checkbox"/> Out-of-Zone <input type="checkbox"/>	Out-of-zone priority level sought (circle) 1 2 3 4 5 6
Surname: <small>(Names as on birth certificate)</small>		First Name/s:		Preferred: <small>(Name you wish to be known by)</small>			
Home address: <small>(Include postcode)</small>			Postal address: <small>(If different from home address)</small>				
Male	<input type="checkbox"/>	Female	<input type="checkbox"/>	Diverse	<input type="checkbox"/>		
Date of Birth:							
The name of your current school:				What year level are you currently in?:			
Bus route (if applicable):							
Student's cellphone number (if applicable):							
Home email address <small>(this will be the main email address for contact from the school):</small> <small>Please write email address very clearly</small>							

ENROLMENT INFORMATION	
In Zone: Write the names of your siblings currently at HHS (if applicable)	_____
Out of Zone: Tick (✓) which of these priorities apply	Below please write the names of sibling/s who are current or former students OR parent/s who are former students. (Include year attended)
1. You have been accepted into the special education programme (ILC or PAC, ORS funded) (Priority 1) <input type="checkbox"/>	_____
2. You have a sibling who is a <u>current student</u> (Priority 2) <input type="checkbox"/>	_____
3. You have a sibling who is a <u>former student</u> (Priority 3) <input type="checkbox"/>	_____
4. You are the <u>son/daughter of a former student</u> (Priority 4) <input type="checkbox"/>	_____
5. You are the <u>son/daughter of an employee</u> of the Board of Trustees or the son/daughter of a member of the Board of Trustees (Priority 5) <input type="checkbox"/>	_____
6. You have no prior or current association with HHS (Priority 6) <input type="checkbox"/>	_____

NOTE

THIS ENROLMENT APPLICATION CANNOT BE ACCEPTED WITHOUT THE FOLLOWING:

- Proof of in-zone residence must be a **recent electricity** or **recent telephone bill** or a **current tenancy agreement** – **RATES BILL ARE NOT ACCEPTABLE**
- Copy of birth certificate or passport or appropriate visa (where applicable)
- Copy of immunisation certificate
- **All** sections completed and signed

We will accept this proof by email.
Please email to enrol@hillcrest-high.school.nz with your child's name as the subject

DEMOGRAPHICS

Tick (✓) as appropriate

<p>Country of birth: _____</p> <p>If not born in NZ: Date you arrived in NZ: _____</p> <p>Are you a refugee: YES <input type="checkbox"/> NO <input type="checkbox"/></p> <p>What language do you speak at home?</p> <p>English <input type="checkbox"/></p> <p>Other (please specify below) <input type="checkbox"/> _____</p> <p>Do you require help with English? YES <input type="checkbox"/> NO <input type="checkbox"/></p>	<p>Residency Status:</p> <p>New Zealand Citizen <input type="checkbox"/></p> <p>or Citizen of _____ <input type="checkbox"/> <small>(country)</small></p> <p>Permanent Resident <input type="checkbox"/></p> <p>Student Visa/Permit <input type="checkbox"/></p> <p>Expiry date: _____</p> <p>Exchange student <input type="checkbox"/></p> <p>or International fee payer <input type="checkbox"/></p> <p>Passport no: _____</p>	<p>Cultural Identity: (you may tick more than one)</p> <p>Maori * <input type="checkbox"/> <i>*Tick up to three Iwi affiliation (on last page)</i></p> <p>NZ European / Pakeha <input type="checkbox"/></p> <p>European <input type="checkbox"/></p> <p>Pacific Islands <input type="checkbox"/> <small>(please specify below)</small> _____</p> <p>Other <input type="checkbox"/> <small>(please specify below)</small> _____</p>
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NOTE: Attach a copy of NZ birth certificate or passport. This is required for ALL applicants.



RESIDENCE A - PRIMARY CAREGIVER/S with whom the student lives

Note: all communication and correspondence from the school will be with the primary caregivers, mainly via email

CAREGIVER		CAREGIVER	
Title:	Name:	Title:	Name:
Relationship to Student: (e.g. mother)		Relationship to Student: (e.g. father)	
Legal Guardian	Yes No	Legal Guardian	Yes No
Home Phone:		Home Phone:	
Cell Phone:		Cell Phone:	
Email: <small>Please write email address very clearly</small>		Email: <small>Please write email address very clearly</small>	
Home address:		Home address:	
Occupation:		Occupation:	
Work Phone:		Work Phone:	
Place of employment:		Place of employment:	

NOTE: Attach as proof of in-zone residence a copy of one of the following: recent electricity or telephone bill, current tenancy agreement. **RATES ARE NOT ACCEPTED**



If applicable - RESIDENCE B / ALTERNATIVE CAREGIVER that the student does not live with most, or all, of the time

Alternative Caregiver				Alternative Caregiver			
Title:	Name:			Title:	Name:		
Relationship to Student: (e.g. mother)				Relationship to Student: (e.g.father)			
Legal Guardian	Yes	No		Legal Guardian	Yes	No	
Should this person receive all communications from the school as well?	YES	NO		Should this person receive all communications from the school as well?	YES	NO	
Home Phone:				Home Phone:			
Cell Phone:				Cell Phone:			
Email: <small>Please write email address very clearly</small>				Email: <small>Please write email address very clearly</small>			
Home address:				Home address:			
Occupation:				Occupation:			
Work Phone:				Work Phone:			
Place of employment:				Place of employment:			

EMERGENCY CONTACT DETAILS

IN AN EMERGENCY who else can we contact if we can't contact the primary caregiver? **(We need two)**

*Name:	*Name:
Relationship to student:	Relationship to student:
Home Phone:	Home Phone:
Cell Phone:	Cell Phone:
Work Phone:	Work Phone:

EXTRA FAMILY INFORMATION

Are there any special access / custody orders /parenting orders / financial arrangements the school should be aware of? If 'Yes' please explain and provide documentary proof for our file:	Yes	No
Is your child involved with any outside agencies? e.g CAMHS, Oranga Tamariki, Hospital If yes, please indicate here:.....	Yes	No

Hillcrest High School STUDENT HEALTH INFORMATION 2022

Surname:	First name:	Date of birth:
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The Hillcrest High School Health Clinic has a registered nurse present during school hours.

CONSENT: Please tick /

Permission for the school nurse or designated first aider to administer routine **over-the-counter** medication as required e.g. paracetamol, antihistamine cream/tablets, arnica cream, Rescue Remedy, throat lozenges, Quick-eze and cough medicine Yes No Initial

Permission for the school nurse to give Ibuprofen (Nurofen) Yes No Initial

YOUR CHILD'S DOCTOR & NAME OF MEDICAL CENTRE:

Medical Centre:	Phone:
Doctor	

YOUR CHILD'S DENTAL CARE:

Dental care is free to anybody under the age of 18 years who is enrolled with a contracting dentist. At Hillcrest High School students have the option of using the HHS contracted dental provider or enrolling with another contracting dentist. Please indicate your preference below:

Revive A Smile (Dental provider) OR Your child's dentist: Name Phone:

DOES YOUR CHILD HAVE ANY MEDICAL CONDITIONS? Please tick /

ADD/ADHD <input type="checkbox"/>	Depression <input type="checkbox"/>	Hay fever <input type="checkbox"/>	Migraines/Headaches <input type="checkbox"/>
Asthma <input type="checkbox"/>	Ear Infection <input type="checkbox"/>	Hearing Concerns <input type="checkbox"/>	Menstrual Problems <input type="checkbox"/>
Anxiety Problems <input type="checkbox"/>	Eating Disorder <input type="checkbox"/>	Heart Condition <input type="checkbox"/>	Recurring Abdominal Pain <input type="checkbox"/>
Back/Neck Problems <input type="checkbox"/>	Epilepsy <input type="checkbox"/>	Hepatitis/HIV <input type="checkbox"/>	Skin Condition <input type="checkbox"/>
Cancer <input type="checkbox"/>	Eyesight Concerns <input type="checkbox"/>	Kidney Problems <input type="checkbox"/>	Other (please list below) <input type="text"/>
Diabetes (<i>attach plan</i>) <input type="checkbox"/>	Fainting <input type="checkbox"/>	Mental Health <input type="checkbox"/>	

If yes, please give details and treatment information:

YOUR CHILD'S PAST HISTORY OF OPERATIONS, MEDICAL CONDITIONS, INJURIES, DISABILITIES (please give details):

DOES YOUR CHILD CURRENTLY TAKE ANY MEDICATION/S (PRESCRIPTION OR OVER THE COUNTER, INCLUDING HERBAL)? (please give details)

DOES YOUR CHILD WEAR ANY OF THE FOLLOWING:

Glasses	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Contact Lens	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Hearing Aid	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>

DOES YOUR CHILD HAVE ANY ALLERGIES AND/OR SENSITIVITIES? (please give details) ▼

ALLERGY e.g. Peanuts, bee stings, medications	COMMENT (Severity) e.g. Severe: Anaphylaxis / Moderate: Swelling	TREATMENT e.g. Requires adrenalin, call ambulance, Phenergan, icepack

▼ For any moderate to severe allergies or anaphylaxis, your family doctor / GP needs to complete one of the following: ASCIA Allergy Plan and/or ASCIA Anaphylaxis Plan and attach to this document.

If required, does your child carry any EpiPen on them at all times? Yes No

VACCINATIONS HISTORY Please indicate

Has your child been immunised / vaccinated?	Yes	No	
Are their immunisations / vaccinations up to date?	Yes	No	
Is your child's Tetanus up to date?	Yes	No	Date last given:.....
Ask your family GP/practice nurse for an immunization certificate.	Attach copy of immunisation certificate or you can email it to enrol@hillcrest-high.school.nz		

I agree to _____ (name) receiving any EMERGENCY medical, dental or surgical treatment, including anesthetic or blood transfusions as considered necessary by medical professionals present. Contact with parents/caregivers will be made as soon as possible.

I agree to pay any medical costs that are not covered by ACC or a Community Services Card e.g. physio strapping, ambulance services and other medical services deemed necessary.

I understand that Information provided on this form is available to all staff at Hillcrest High school. Any concerns please contact the School Nurse, Dean or Guidance Counsellors.

✍ Parent/Caregiver's signature: _____ Date: _____

Checklist:

- All relevant boxes ticked/initialed, form signed
- Every student must** have immunization form **attached or emailed**
- If allergies ticked, ASCIA allergy/anaphylaxis plan **attached**
- If diabetes ticked, WAIKIDS school diabetes plan **attached**

Agreements

Student: I agree that (name of student)

- will attend regularly
- will wear the full and correct uniform on the way to and from, as well as at, school
- will meet the expectations of positive behavior for learning as reflected in the RAPID matrix, and abide by the Student & Parent Agreement for the Safe Use of Digital Technology (part of the Enrolment Information booklet which you must read and keep) If any policy or agreement is breached there may be serious consequences

Parent/Caregiver:

- I hereby make application to enrol my son/daughter at Hillcrest High School.
- I have read the Prospectus and agree that my son/daughter will meet the expectations of positive behavior for learning as reflected in the RAPID matrix, and abide by the Student & Parent Agreement for the Safe Use of Digital Technology (part of the Enrolment Information booklet which you must read and keep) and uniform regulations of the school.
- I have provided up to date medical information and understand that the school will take action on my behalf in case of injury or sudden illness and agree to meet all emergency costs involved.
- I agree to the participation of my son/daughter in category A and B and C (1) EOTC (Education outside the classroom) events as described in the Blanket Consent for EOTC (part of the Enrolment Information booklet which you must read and keep) while a student at Hillcrest High School.
- I understand that, if enrolled, my son/daughter may also be involved in regular extra-curricular sports and cultural activities outside school hours and may require transport with another parent, coach or manager.
- This information is provided on the understanding that it is only for use by the School or for statistical purposes. However, contact details may also be provided to government departments upon request. I understand that the school may retain this information indefinitely. This information will be held securely in the school archives. I give my permission for information about my son/daughter held at his/her previous school(s) to be transferred to Hillcrest High School.
- I understand that most communication from the school will be electronic and I will keep my email address up to date and regularly check the school website, Schoology and Facebook page.
- I confirm that the information given in this application is correct and complete and I understand and accept that Hillcrest High School may actively seek to verify this information.
- I confirm that the address I have provided at the time of application and when my son/daughter begins instruction at Hillcrest High School will be the usual place of residence for them. I will advise the school of any subsequent change of address.

Publication and Display of Digital Images/Work:

I agree that Hillcrest High School may use my son's/daughter's image and work e.g. art work in its print and digital publications.

 **Student's signature:** _____

Date: _____

 **Parent/Caregiver's Signature:** _____

Date: _____

Notes on completing this enrolment

The address given at the time of application for enrolment must be the student's usual place of residence when the student begins instruction at Hillcrest High School. This address will be used for any mail sent from the school.

The Ministry of Education has advised that parents should be warned of the possible consequences of deliberately attempting to gain unfair priority in enrolment by knowingly giving a false address or making an in-zone living arrangement which they intend to be only temporary, for example

- Renting accommodation in-zone on a short term basis;
- Arranging temporary board in-zone with a relative or family friend;
- Using the in-zone address of a relative or friend as an 'address of convenience' with no intention to live there on an ongoing basis.

If the school learns that a student is no longer living at the in-zone address given at the time of application for enrolment, and has reasonable grounds to believe that a temporary in-zone residence has been used for the purpose of unfairly gaining priority in enrolment at the school, then the Board may review the enrolment. Unless the parents can provide a satisfactory explanation within 10 days, the Board may annul the enrolment. This course of action is provided for under Section 110 (A) of the Education Act 1989.

The school may actively collect information to ensure that enrolment data provided is accurate.

Hillcrest High School

Year 9 Course Choice Form 2022

Student name:

Current School:

Learning Areas

These courses are compulsory

English : Physical Education & Health : Mathematics : Science : Social Studies

Learning Areas

Ranked Choices

Compulsory Digital Technology:

Matihiko (MKO)

or

Digital Technologies (DTG)

Creative Arts:

Art (ART)

Drama (DRA)

Music (MUS)

Languages:

English Language Learning (ELL)

French (FRE)

Japanese (JAP)

Mandarin (MAN)

Maori (MAO)

Spanish (SPA)

Technology:

Digital Technology (DTG)

Food Technology (FNT)

Electronics (ELT)

Design & Visual Communication (DVC)

Materials Fabrics (MTF)

Materials Metal (MTM)

Materials Wood (MTW)

Social Sciences:

Financial Capability (FIN)

By invitation

Students will be invited to join these programmes:

Year 9 Junior Enrichment & Extension

Year 9 Sports Development

You must choose **EITHER MKO OR DTG Digital Technology** to study:

1. _____

You must choose **ONE CREATIVE ART** to study:

2. _____

You must choose **ONE LANGUAGE** to study:

3. _____

You must choose **ONE TECHNOLOGY** to study:

4. _____

You must choose **TWO more courses from anywhere from the Learning Areas list.**

5. _____

6. _____

Now, rank 3 other courses from the Learning Areas list.

Note: Student numbers, classrooms and teacher availability could result in some students not getting their first choices.

7. _____

8. _____

9. _____

For course descriptions,
see Enrolment Information 2022 booklet in the Prospectus.

Year 10, 11, 12, 13 – use separate insert

Hillcrest High School

Choosing your Courses for Year 10 2022

Student Name:

Previous school:

Learning Areas

The following are compulsory Year 10 full year courses:

English : Physical Education & Health : Mathematics : Science : Social Studies

You must now choose one Creative Arts course, one of the compulsory Technology courses and one other Technology course, then your other courses in order of preference from any area.

(You may be directed to choose ELL.)

Courses

Your choices:

Choose a combination of full year or semester courses which equate to 6 semesters (one of these must be a compulsory Digital Technology) e.g. 2 full year courses and 2 semester courses, or 1 full year course and 4 semester courses.

Key: ● = full year course (two semesters)

▸ = half year course (one semester)

Creative Arts:

Art	● (ART)	▸ (ARTS)
Drama	● (DRA)	▸ (DRAS)
Music	● (MUS)	▸ (MUSS)

Compulsory Digital Technology

Matihiko	▸ (MKO)
or Digital Technologies - Media	▸ (DTMS)
or Digital Technologies - Programming	▸ (DTPS)

Technology:

Design & Visual Communication	● (DVC)	▸ (DVCS)
Digital Technologies - Media		▸ (DTMS)
Digital Technologies - Programming		▸ (DTPS)
Electronics		▸ (ELTS)
Food Technology & Nutrition		▸ (FNFS)
Materials Fabrics	● (MTF)	▸ (MTFS)
Materials Metal		▸ (MTMS)
Materials Wood		▸ (MTWS)
Media Studies (Commercial Media focus)		▸ (MESC)
Media Studies (Social Media focus)		▸ (MESS)

Note: Only DVC and MTF offer full year courses

Languages:

English Language Learning	● (ELL)
French	● (FRE)
Japanese	● (JAP)
Mandarin	● (MAN)
Maori	● (MAO)
Spanish	● (SPA)

Social Sciences (Semester course only):

Enterprise Studies	▸ (EES)
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*Enrichment & Extension:

Junior Enrichment & Extension (semester course only)	▸ (JEPS)
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Sports Development	● (SDP)
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***Please note:** A rigorous selection process is undertaken for acceptance into these two courses.

Write course code next to number.

Creative Arts:

	Full year	Semester
1 _____		

Compulsory Digital Technology:

	Semester
2 _____	

Technology:

	Full year	Semester
3 _____		

Then choose a further course from any of the courses offered. For each course, tick only one of the full or semester boxes (if a semester course is available).

	Full year	Semester
4 _____		
5 _____		
6 _____		
7 _____		

Check - do your course choices equal

- a) 2 full year courses and 2 semester courses; or
- b) 1 full year and 4 semester courses; or
- c) Six one-semester courses
- d) Have you put your name at top of form?

Hillcrest High School
Subject Choice Form for Senior School 2022

Name:	Previous School & Year Level
Please bring in your last report.	

YEAR 11 2022		NCEA Level	Write in Subject
English is compulsory in Year 11	1		English <small>Circle one</small> S T I U ELL
Maths is compulsory in Year 11	2		Maths A B C
Choose 3 more subjects	3		
	4		
	5		
Write another subject if you wish to do 6	6		
Now, choose an alternative subject in case of course restrictions	Alt		

YEAR 12 2022		NCEA Level	Write in Subject
English is compulsory in Year 12	1		English <small>Circle one</small> S T I ELL
Choose 4 more subjects If you choose a Maths course, please write in which course (2MAS, 2MAC, 2MAT)	2		
	3		
	4		
	5		
Write another subject if you wish to do 6	6		
Now, choose an alternative subject in case of course restrictions	Alt		

YEAR 13 2022		NCEA Level	Write in Subject
Choose 5 subjects	1		
	2		
	3		
	4		
	5		
Write another subject if you wish to do 6	6		
Now, choose an alternative subject in case of course restrictions	Alt		

IWI Codes - for Ministry of Education statistical purposes only - PLEASE TICK UP TO 3

Northland / Auckland : Te Tai Tokerau / Tāmaki Makau Rau Region

0101 Te Aupōuri
 0102 Ngāti Kahurangi
 0103 Ngāti Kuri
 0104 Ngāpuhi
 0105 Ngāpuhi ki Whaingaroa-Ngāti Kahurangi Whaingaroa
 0106 Te Rarawa
 0107 Ngāti Takoto
 0108 Ngāti Wai
 0109 Ngāti Whātua (not Ōrākei or Kaipara)
 0110 Te Kawerau ā Maki
 0111 Te Uri-o-Hau
 0112 Te Roroa
 0113 Ngāti Whātua o Kaipara
 0114 Ngāti Whātua o Ōrākei
 0115 Ngāti Tai ki Tāmaki
 0116 Ngāti Hine (Te Tai Tokerau)
 0117 Te Paatu
 0118 Ngāti Manuhiri
 0119 Ngāti Rēhua

Coromandel : Hauraki Region

0201 Ngāti Hako
 0202 Ngāti Hei
 0203 Ngāti Maru (Hauraki)
 0204 Ngāti Paoa
 0205 Patukirikiri
 0206 Ngāti Porou ki Harataunga ki Mataora
 0207 Ngāti Pūkenga ki Waiapu
 0208 Ngāti Rāhiri Tumutumu
 0210 Ngāti Tamaterā
 0211 Ngāti Tara Tokanui
 0212 Ngāti Whanaunga

Waikato / King Country : Waikato / Te Rohe

Pōtae Region

0301 Ngāti Haua (Waikato)
 0302 Ngāti Maniapoto
 0303 Raukawa (Waikato)
 0304 Waikato
 0305 Ngāti Te Ata
 0306 Ngāti Hikairo
 0307 Rereahu
 0308 Ngāti Tipa
 0309 Ngāti Korokī Kahukura
 0310 Ngāti Tamaoho
 0311 Te Akitai-Waiohua

Rotorua / Taupō : Te Arawa / Taupō Region

0401 Ngāti Pikiao (Te Arawa)
 0402 Ngāti Rangiteaore (Te Arawa)
 0403 Ngāti Rangitīhi (Te Arawa)
 0404 Ngāti Rangiwewehi (Te Arawa)
 0405 Tapuika (Te Arawa)
 0407 Tūhourangi (Te Arawa)
 0408 Uenuku-Kōpako (Te Arawa)
 0409 Waitaha (Te Arawa)
 0410 Ngāti Whakaue (Te Arawa)
 0411 Ngāti Tūwharetoa (ki Taupō)
 0412 Ngāti Tahu-Ngāti Whāoa (Te Arawa)
 0413 Ngāti Mākino
 0414 Ngāti Keoroa / Ngāti Tuarā
 0415 Ngāti Rongomai (Te Arawa)

Bay of Plenty : Tauranga Moana / Mātaetua Region

0501 Ngāti Pūkenga
 0502 Ngāti Rangī
 0503 Ngāti Ranginui
 0504 Ngāti Awa
 0505 Ngāti Manawa
 0506 Ngāti Tai (Tauranga Moana/Mātaetua)
 0507 Tūhoe
 0508 Whakatōhea
 0509 Te Whānau-ā-Apanui
 0510 Ngāti Whare
 0511 Ngā Pōtiki ā Tamapahore
 0512 Te Upokorehe
 0513 Ngāti Tūwharetoa ki Kawerau

East Coast : Te Tairāwhiti Region

0601 Ngāti Porou
 0602 Te Aitanga-a-Māhaki
 0603 Rongowhakaata
 0604 Ngāi Tāmanuhiri
 0605 Te Aitanga ā Hauiti

Hawkes Bay / Wairarapa : Te Matau a Māui /

Wairarapa Reg

0701 Rongomaiwahine (Te Māhia)
 0702 Ngāti Kahungunu ki Te Wairoa
 0703 Ngāti Kahungunu ki Heretaunga
 0704 Ngāti Kahungunu ki Wairarapa
 0706 Rangitāne (Te Matau-a-Māui/Hawke's Bay/Wairarapa)
 0707 Ngāti Kahungunu ki Te Whanganui-a-Orotu
 0708 Ngāti Kahungunu ki Tamatea
 0709 Ngāti Kahungunu ki Tamakinui a Rua
 0710 Ngāti Pāhauwera
 0711 Ngāti Rākaipaaka
 0712 Ngāti Hineuru
 0713 Maungaharuru Tangitū
 0714 Rangitāne o Tamaki nui ā Rua
 0715 Ngāti Ruapani ki Waikaremoana
 0716 Te Hika o Pāpāua

Taranaki Region

0801 Te Atiawa (Taranaki)
 0802 Ngāti Maru (Taranaki)
 0803 Ngāti Mutunga (Taranaki)
 0804 Ngā Rauru
 0805 Ngā Ruahine
 0806 Ngāti Ruanui
 0807 Ngāti Tama (Taranaki)
 0808 Taranaki
 0809 Tangahoe
 0810 Pakakohi

Whanganui / Rangitīkei Region

0901 Ngāti Apa (Rangitīkei)
 0902 Te Ahi Haunui-a-Pāpārangi
 0903 Ngāti Haua (Taumarunui)
 0904 Ngāti Hauti (Rangitīkei)
 0905 Ngāti WhitiKaupēka (Rangitīkei)
 0906 Ngāti Te Ohuake (Rangitīkei)
 0907 Ngāti Tamakōpiri (Rangitīkei)
 0908 Ngāti Rangī (Ruapehu, Whanganui)
 0909 Uenuku (Ruapehu, Waimarino)
 0910 Tamahaki (Ruapehu, Waimarino)
 0911 Tamakana (Ruapehu, Waimarino)

Manawātū / Horowhenua / Wellington : Manawātū /

Horowhenua / Te Whanganui a Tara Region

1001 Te Atiawa (Te Whanganui-a-Tara/Wellington)
 1002 Muāupoko
 1003 Rangitāne (Manawātū)
 1004 Ngāti Raukawa (Horowhenua/Manawātū)
 1005 Ngāti Toarangitira (Te Whanganui-a-Tara/Wellington)
 1006 Te Atiawa ki Whakarongotai
 1007 Ngāti Tama ki Te Upoko o Te Ika (Te Whanganui-a-Tara /Wellington)
 1008 Ngāti Kauwhata
 1009 Ngāti Tukorehe

South Island / Chatham Islands : Te Waipounamu /

Whareka

1101 Te Atiawa (Te Waipounamu/South Island)
 1102 Ngāti Koata
 1103 Ngāti Kuia
 1104 Kāti Māmoe
 1105 Moriori
 1106 Ngāti Mutunga (Wharekauri/Chatham Islands)
 1107 Rangitāne (Te Waipounamu/South Island)
 1108 Ngāti Rārua
 1109 Ngāti Tahu / Kāi Tahu
 1110 Ngāti Tama (Te Waipounamu/South Island)
 1111 Ngāti Toarangitira (Te Waipounamu/South Island)
 1112 Waitaha (Te Waipounamu/South Island)
 1113 Ngāti Apa ki Te Rā Tō

Iwi unknown, but waka or iwi confederation known

2001 Tainui, iwi not named
 2002 Te Arawa, iwi not named
 2003 Takitimu, iwi not named
 2004 Aotea, iwi not named
 2005 Mātaetua, iwi not named
 2006 Mahuru, iwi not named
 2007 Māmari, iwi not named
 2008 NgātōkimaTawhaorua, iwi not named
 2009 Nukutere, iwi not named
 2010 Tokomaru, iwi not named
 2011 Kurahaupō, iwi not named
 2012 Muriwhenua, iwi not named
 2013 Hauraki / Pare Hauraki, iwi not named
 2014 Tūrangunui a Kiwa, iwi not named
 2015 Te Tuihu o Te Waka a Māui, iwi not named
 2016 Tauranga Moana, iwi not named
 2017 Horouta, iwi not named
 2018 Mōkai Pātea, iwi not named

Iwi known, but region unspecified

2101 Te Atiawa, region not known
 2102 Ngāti Haua, region not known
 2103 Ngāti Maru, region not known
 2104 Ngāti Mutunga, region not known
 2105 Rangitāne, region not known
 2106 Ngāti Raukawa, region not known
 2107 Ngāti Tama, region not known
 2108 Ngāti Toa, region not known
 2109 Waitaha, region not known
 2110 Ngāti Apa, region not known
 2111 Ngāti Tai, region not known
 2112 Ngāti Kahungunu, region not known
 2113 Ngāti Tūwharetoa, region not known

Other

2201 Hapū Affiliated to More Than One Iwi
 2301 Te Tai Tokerau/Tāmaki-makaurau Region, iwi not named
 2302 Hauraki Region, iwi not named
 2303 Waikato/Te Rohe Potae Region, iwi not named
 2304 Te Arawa/Taupō Region, iwi not named
 2305 Tauranga Moana/Mātaetua Region, iwi not named
 2306 Te Tai Rāwhiti Region, iwi not named
 2307 Te Matau-a-Māui/Wairarapa Region, iwi not named
 2308 Taranaki Region, iwi not named
 2309 Whanganui/Rangitīkei Region, iwi not named
 2310 not named
 2311 Te Waipounamu/Wharekauri Region, iwi not named
 9999 Not Stated

If you are of NZ Maori descent, the Ministry of Education require us to record your iwi.

This is because iwi authorities are interested in the educational achievement of their children. You may tick **UP TO THREE** iwi.