



P.O. Box 11020  
Hillcrest  
Hamilton  
Ph: (07) 857 0297

[enrol@hillcrest-high.school.nz](mailto:enrol@hillcrest-high.school.nz)  
[www.hillcrest-high.school.nz](http://www.hillcrest-high.school.nz)

# Hillcrest High School

## Te Kura Tuarua o Tihipuke

### STUDENT ENROLMENT 2023

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	
<b>In Zone:</b> Write the names of your siblings currently at HHS (if applicable)	_____
	_____
<b>Out of Zone:</b> 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	<p><b>THIS ENROLMENT APPLICATION <u>CANNOT BE ACCEPTED</u> WITHOUT THE FOLLOWING:</b></p> <ul style="list-style-type: none"> <li>• Proof of in-zone residence must be a <b><u>recent electricity</u></b> or <b><u>recent telephone bill</u></b> or a <b><u>current tenancy agreement</u></b> – <b><u>RATES BILL ARE NOT ACCEPTABLE</u></b></li> <li>• Copy of birth certificate or passport or appropriate visa (where applicable)</li> <li>• Copy of immunisation certificate</li> <li>• <b><u>All</u></b> sections completed and signed</li> </ul> <p><b><u>We will accept this proof by email.</u></b> Please email to <a href="mailto:enrol@hillcrest-high.school.nz">enrol@hillcrest-high.school.nz</a> with your child's name as the subject</p>
------	--

## DEMOGRAPHICS

Tick (✓) as appropriate

<p><b>Country of birth:</b> _____</p> <p><b>If not born in NZ:</b> Date you arrived in NZ: _____</p> <p>Are you a refugee:    YES <input type="checkbox"/>    NO <input type="checkbox"/></p> <p><b>What language do you speak at home?</b></p> <p>English <input type="checkbox"/></p> <p>Other (please specify below) <input type="checkbox"/> _____</p> <p><b>Do you require help with English?</b>    YES <input type="checkbox"/>    NO <input type="checkbox"/></p>	<p><b>Residency Status:</b></p> <p>New Zealand Citizen <input type="checkbox"/></p> <p>or</p> <p>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</p> <p>International fee payer <input type="checkbox"/></p> <p>Passport no: _____</p>	<p><b>Cultural Identity:</b> (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>
---	---	---

**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 2023

Surname:	First name:	Date of birth:
----------	-------------	----------------

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 2023

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)

Chinese (CHI)

French (FRE)

Japanese (JAP)

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 2023 booklet .

# Hillcrest High School

## Subject Choice Form for Year 10 2023

Student Name: .....

Current 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 Digital Technology course, one Arts course and one Technology course, then your other courses in order of preference from any area. (You may be directed to choose ELL.)

If you intend choosing a subject from this list to study at Year 11 you should choose the full year course at Year 10.

### Subjects

### Your choices:

**Key:** ● = full year course (two semesters)  
 ▸ = semester (one semester) course

#### Digital Technology

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

#### The Arts:

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

#### Technology:

- Design & Visual Communication ● (DVC) ▸ (DVCS)
- Digital Technologies  
Media ▸ (DTMS)
- Programming ▸ (DTPS)
- Electronics ▸ (ELTS)
- Food Technology & Nutrition ▸ (FNTS)
- Materials Fabrics ● (MTF) ▸ (MTFS)
- Materials Wood ● (MTW) ▸ (MTWS)
- Materials Metal ▸ (MTMS)

#### Languages and Social Sciences:

- English Language Learning ● (ELL)
- Chinese ● (CHI)
- French ● (FRE)
- Japanese ● (JAP)
- Maori ● (MAO)
- Spanish ● (SPA)
- Economics & Enterprise ▸ (EES)
- Media Studies - Social Media focus ▸ (MESS)
- Media Studies - Commercial Media focus ▸ (MESC)

#### Enrichment & Extension:

- Junior Enrichment & Extension (semester course only) ▸ (JEPS)
- Sports Development ● (SDP)

**Please note:** A rigorous selection process is undertaken for acceptance into these two courses.

Choose one Digital Technology, one Art and one Technology.

Write subject code next to number.

#### Digital Technology:

Semester

1 \_\_\_\_\_

--	--

#### The Arts:

Full year

Semester

2 \_\_\_\_\_

--	--

--	--

#### Technology:

Full year

Semester

3 \_\_\_\_\_

--	--

--	--

Then choose a further subject from any of the subjects offered. For each subject, 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 subject choices equal

- a) 3 full year courses; or
- b) Six one-semester courses; or
- c) an equivalent combination of full and one semester courses?
- d) Have you put your name at top of form?



**Hillcrest High School**  
**Subject Choice Form for Senior School 2023**

<b>Name:</b>	<b>Previous School &amp; Year Level</b>		
Please bring in your last report.			
<b>YEAR 11 2023</b>		<b>NCEA Level</b>	<b>Write in Subject</b>
English is compulsory in Year 11	1		English <small>Circle one</small> S T I ELL
Maths is compulsory in Year 11	2		Maths A B C
PE/Health is compulsory in Year 11	3		PE PED SPO HEA
Choose 3 more subjects	4		
	5		
	6		
Write another subject if you wish to do 6 academic subjects			
Now, choose an alternative subject in case of course restrictions	Alt		
<b>YEAR 12 2023</b>		<b>NCEA Level</b>	<b>Write in Subject</b>
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		
Recreation is compulsory in Year 12	6		
Write another subject if you wish to do 6 academic subjects			
Now, choose an alternative subject in case of course restrictions	Alt		
<b>YEAR 13 2023</b>		<b>NCEA Level</b>	<b>Write in Subject</b>
Choose 5 subjects	1		
	2		
	3		
	4		
	5		
Write another subject if you wish to do 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 Kahu  
 0103 Ngāti Kuri  
 0104 Ngāpuhi  
 0105 Ngāpuhi ki Whaingaroa-Ngāti Kahu ki Whaingaroa  
 0106 Te Rarawa  
 0107 Ngāi 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 Ngāi 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 Waiau  
 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 Koroki Kahukura  
 0310 Ngāti Tamaoho  
 0311 Te Ākitai-Waiohua

## 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.

## Rotorua / Taupō : Te Arawa / Taupō Region

0401 Ngāti Pikiāo (Te Arawa)  
 0402 Ngāti Rangiteaorere (Te Arawa)  
 0403 Ngāti Rangitihī (Te Arawa)  
 0404 Ngāti Rangiwewehi (Te Arawa)  
 0405 Tapuika (Te Arawa)  
 0406 Ngāti Tarāwhai (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 Whaoa (Te Arawa)  
 0413 Ngāti Mākino  
 0414 Ngāti Kearoo / Ngāti Tuarā  
 0415 Ngāti Rongomai (Te Arawa)

## Bay of Plenty : Tauranga Moana / Mātaatua Region

0501 Ngāti Pūkenga  
 0502 Ngāi Te Rangī  
 0503 Ngāti Ranginui  
 0504 Ngāti Awa  
 0505 Ngāti Manawa  
 0506 Ngāi Tai (Tauranga Moana/Mātaatua)  
 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 Tangāhōe  
 0810 Pakakohi

## Whanganui / Rangitikei Region

0901 Ngāti Apa (Rangitikei)  
 0902 Te Ati Haunui-a-Pāpārangi  
 0903 Ngāti Haua (Taumarunui)  
 0904 Ngāti Hauiti (Rangitikei)  
 0905 Ngāti Whitikaupeka (Rangitikei)  
 0906 Ngāi Te Ohuake (Rangitikei)  
 0907 Ngāti Tamakōpiri (Rangitikei)  
 0908 Ngāti Rangī (Ruapehu, Whanganui)  
 0909 Uenuku (Ruapehu, Waimarino)  
 0910 Tamahaki (Ruapehu, Waimarino)  
 0911 Tamakana (Ruapehu, Waimarino)

## Manawatū / Horowhenua / Wellington : Manawatū / Horowhenua / Te Whanganui a Tara Region

1001 Te Atiawa (Te Whanganui-a-Tara/Wellington)  
 1002 Muaūpoko  
 1003 Rangitāne (Manawatū)  
 1004 Ngāti Raukawa (Horowhenua/Manawatū)  
 1005 Ngāti Toarangatira (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 Ngāi Tahu / Kāi Tahu  
 1110 Ngāti Tama (Te Waipounamu/South Island)  
 1111 Ngāti Toarangatira (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 Tākitimu, iwi not named  
 2004 Aotea, iwi not named  
 2005 Mātaatua, 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 Tūrangānui a Kiwa, iwi not named  
 2015 Te Tauihu 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 Ngāi 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 Pōtae Region, Iwi not named  
 2304 Te Arawa/Taupō Region, Iwi not named  
 2305 Tauranga Moana/Mātaatua 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/Rangitikei Region, Iwi not named  
 2310 not named  
 2311 Te Waipounamu/Wharekauri Region, Iwi not named  
 9999 Not Stated