



Student Admissions Form



TEA RAPA NUI
THE ENGLISH ACADEMY

Date: _____

Student Information

Full Name: _____ Age: _____ Grade: _____

School: _____

Personal Interests: _____

Health and well-being (allergies, learning challenges, medications, etc.): _____

Parent / Guardian Information

Name: _____ E-mail: _____

Home Address: _____

Primary phone number: _____ Alternative phone: _____

Emergency Contact

Name: _____ Phone: _____

Relationship: _____

Parent / Guardian Signature: _____