RĀWHITI SCHOOL BILINGUAL STUDIO



NAME OF CHILD:				DOB:		
Caregiver's name:	Email:					
Phone number:						
He mea nui ki a tāto	ou ō tātou w	hakapapa				
Ко						tōku waka.
Ко						tōku iwi.
Ко						tōku awa.
Ко						tōku whare/marae.
Ко						tōku/ōku tīpuna.
Ко						tōku maunga.
Te Reo Māori Profi	ciency Of You	ır Child				
Kōrero	None	1	2	3	4	Advanced
Do you speak te rec	Māori to yo	ur child at ho	me?			Yes / No
Does your child have someone to support them in their te reo Māori outside of school other than you?						Yes / No
If yes, who?						_
Kapa Haka						
Please discuss with throughout their tir	=		expectation fo	r them to be pa	art of the kap	a haka programme
Is your child committed to being part of the kapa haka programme?						Yes / No
Whānau Support						
						nild's education while at arise such as trips and
Are you as a whāna and kaupapa when	=" ="	attend hui a	and support eff	orts		Yes / No
Please briefly explai	in your reaso	ns for wantin	g to enrol your	child in our bil	ngual studio	(PTO if more room needed):