## **RĀWHITI SCHOOL BILINGUAL STUDIO**



NAME OF CHILD:				_ DOE	DOB:			
Caregiver's name:				Ema	Email:			
Phone number:				Past/Present sibling:				
He mea nui ki a tātou ō tā	itou whakapap	a						
Ко							tōku wak	а.
Ко							tōku iwi.	
Ко							tōku awa	•
Ко							tōku whare/marae.	
Ко							tōku/ōku tīpuna.	
Ko						tōku maunga.		
Te Reo Māori Proficiency								
Child's level of te reo	None	1	2	3	4	Advanced		
Parent's level of te reo	None	1	2	3	4	Advanced		
Does your child have othe you? If yes, who?							of school othe	er than Yes / No
Kapa Haka								
Please discuss with your cl throughout their time in the programme?			-			•	. •	mme Yes / No
Whānau Support								
All parent's/caregivers are Rāwhiti School <u>from enter</u> may arise such as trips and	ing level until							
Are you as a whānau prep	ared to attend	hui and	suppor	t effort	ts and ka	aupapa when requ	iired?	Yes / No
Please briefly explain your	reasons for wa	anting t	o enrol	your ch	nild in ou	ur bilingual studio	(PTO if more roo	om needed):