



Manaaki Ao Earthcare Academy Application Form

Student Profile

Full Name: _____

Street Address: _____

Postal Address: _____

Email: _____

Phone: _____

Cellphone: _____

Date of Birth: _____

Male/Female/

Ethnicity (*please state*): _____

Family Profile

Mother/ Caregiver Full Name: _____

Ph (hm): _____ Ph (wk): _____ Cell: _____

Email: _____

Father/ Caregiver Full Name: _____

Ph (hm): _____ Ph (wk): _____ Cell: _____

Email: _____

Health Information

Allergies: _____

Anaphylaxis: Y/N Asthma: Y/N Inhaler Required: Y/N Bee Sting Allergy: Y/N Diabetes: Y/N

Other health issues: _____

Other Information:

Custody Arrangements/Restricted Access: _____

Please provide contact details for **two** referees below

Referee Name: _____

Phone Number: _____

Referee Name: _____

Phone Number: _____



Applicant to attach a brief letter about themselves and why they want to be in the Academy.

Parent/Caregiver Name: _____

Parent Signature: _____