





## WHĀNAU DIRECT REFERRAL FORM WAATEA SCHOOL AND WAATEA ECC

| REFERRED BY: Tania Howarth  |          |         |       |      |      |
|---|----------|---------|-------|------|------|
| DATE:   |          |         |       |      |      |
| NAME:(PARENT/GU   | JARDIAN) |         |       |      |      |
| DATE OF BIRTH:  |          |         |       |      |      |
| ADDRESS:  |          |         |       |      |      |
| CONTACT NUMBER:   |          |         |       |      |      |
| EMAIL:  |          |         |       |      |      |
| IWI (If applicable)   |          |         |       |      |      |
| ETHNICITY   |          |         |       |      |      |
| EMPLOYMENT STA  | TUS      |         |       |      |      |
| MAIN INCOME SOU   | JRCE     |         |       |      |      |
| ANNUAL INCOME (After tax)   |          |         |       |      |      |
| NUMBER OF CHILDREN CURRENTLY AT THE SCHOOL  |          | ECC     |       | KURA |      |
|   |          |         |       |      |      |
| OR ECC:   |          | NAN AEC |       | DOD  | DA/E |
| NAMES OF THE CHILDREN  DATE OF BIRTH and  MALE/FEMALE  DETAILS  |          | NAMES   |       | DOB  | M/F  |
|   |          |         |       |      |      |
|   |          |         |       |      |      |
|   |          |         |       |      |      |
|   |          |         |       |      |      |
|   |          |         |       |      |      |
|   |          |         |       |      |      |
|   |          |         |       |      |      |
| What are you wanting to apply for? Please tick the relevant Learning resources boxes and how many?          |          |         |       |      |      |
| Stationery Uniform Transport  |          |         |       |      |      |
| Please advise Whānau that once this referral is allocated to a Kaiārahi, they will be contacted to discuss  |          |         |       |      |      |
| their Whanau Direct application further, so please ensure they fill in everything and if NO Email then just |          |         |       |      |      |
| write NIL?  |          |         |       |      |      |
|   |          |         |       |      |      |
| Signature:  |          |         | Date: |      |      |
| l   |          |         |       |      |      |

When form is completed, please scan and email to woreferrals@muma.co.nz