



# Student Enrolment Form

<b>Child's Name</b>	
<b>Privacy Statement</b>	
<p>The information collected will be used by the school for enrolment and forms an essential part of the information held by the school on your child. The records made from this information may be viewed on request at the school.</p> <p>The information collected may be disclosed to appropriate education, health and welfare authorities and for data-gathering purposes by the New Zealand Ministry of Education, in accordance with the principles of the Privacy Act. It will not be disclosed to any other person or agency unless such disclosure is authorised or required by law.</p>	
<b>Consents</b>	
Please check the consents that you agree with for your child.	
<input type="checkbox"/> Sudden Injury ~ I give permission for the school to make decisions in case of sudden illness or injury.	
<input type="checkbox"/> Panadol ~ I give permission for the school administer Panadol without first needing to contact me.	
<input type="checkbox"/> School Policies ~ I agree to be bound by all school policies.	
<input type="checkbox"/> Publication of Photo ~ I give permission for the school to publish photos of my child, along with their name, age and class in any school publication. Alternatively, I give permission for the school to publish <input type="checkbox"/> Photo only, no names <input type="checkbox"/> Photo and first name only (school preference)	
<input type="checkbox"/> Publication of Original Works ~ I give permission for the school to publish original works of my child in any school publications, along with my child's name, class and age.	
<input type="checkbox"/> Community Health ~ I give permission for my child to be assessed/treated by the Community Health nurse.	
<input type="checkbox"/> Future Schools ~ I give permission for my child's name and contact details to be forwarded to potential intermediate or secondary schools.	
<input type="checkbox"/> Internet ~ I give permission for my child to have supervised access to the internet while at school.	
<input type="checkbox"/> Outdoor Education ~ I give permission for my child to partake in Outdoor Education provided by the school.	
<b>Parent/Caregiver Signature</b>	
Name	Signature
Date	



# Student Enrolment Form



<b>Student's Name</b>		<b>Personal</b>	
Legal Surname		Date of Birth	(dd/mm/yy)
Legal First Name		Gender (circle)	m <span style="border: 1px solid black; padding: 2px;">f</span>
Legal Middle Name		Intended Start Date	
Preferred First		Intended Year Level	0 1 2 3 4 5 6 7 8
Preferred Surname		Student Code (school)	
<b>Schooling</b> 'Preschool' only relevant if child entering this school at Year 1. If child is a new entrant, put N/A under previous NZ school. If child was last at a non-NZ school put 'overseas school'. 'First schooling date' is the date your child first attended any primary school.		NSN (school)	
		Student Type (school)	
		<b>Siblings</b> Specify siblings who are attending or have attended this school.	
Intended Home Class	<b>K W P</b>		
Intended Funding Year Level		<b>Enrolment</b>	
<b>Preschool</b>		Zoning Status (school)	
<input type="checkbox"/> Attended Early CE but type unknown		<input type="checkbox"/> In zone <input type="checkbox"/> Out of Zone <input type="checkbox"/> Not Applicable	
<input type="checkbox"/> Attended Kindergarten, Play centre, Education & Care or Home based Service (incl by corres)			
<input type="checkbox"/> Attended Kohanga Reo		Previous NZ school	
<input type="checkbox"/> Attended Playgroup or Pacific Islands EC group		First schooling date	(dd/mm/yy)
<input type="checkbox"/> Did not attend any type of early childhood centre		<b>Languages</b>	
<b>Ethnicity</b> For 'Citizenship' name of which country/countries your child is a citizen. For 'Verification Document' please attach a copy (eg passport, birth certificate) if necessary.		This section is for languages other than English. Where child is fluent write under 'Spoken'. Where child is not fluent, but learning, write under 'Learning'. For 'First Language' write child's home /first learnt language. Please leave 'Māori Language hr/wk' for the school.	
		Ethnicity	1
			2
	3	Spoken Languages	1
			2
If Māori, Iwi	1	Learning Language	3
	2	First Language	
	3		
Citizenship		<b>Health and Disability</b>	
<b>Verification</b> 'Serial Number' refers to the reference number on the Verification Document.		Please attach relevant documentation. Please note if the condition is critical. Please note where medicine is kept.	
Eligibility	<input type="checkbox"/> NZ Citizen <input type="checkbox"/> NZ Resident	Allergies / Conditions / Medication	
	<input type="checkbox"/> Other		
Verification Document			
Serial Number			
Exchange Scheme			
Date in NZ	(dd/mm/yy)		
Expiry Date	(dd/mm/yy)		
Disability	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Details		<b>Immunisation</b> Please attach certificate.	
		<input type="checkbox"/> Fully <input type="checkbox"/> Partly <input type="checkbox"/> Not	
Special Needs	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Hepatitis	<input type="checkbox"/> Mumps
ORRS	<input type="checkbox"/> Very High <input type="checkbox"/> High <input type="checkbox"/> Non	<input type="checkbox"/> HIB	<input type="checkbox"/> Pertussis
Details		<input type="checkbox"/> HPV	<input type="checkbox"/> Polio
		<input type="checkbox"/> Measles	<input type="checkbox"/> Rubella
		<input type="checkbox"/> Mening. B	<input type="checkbox"/> Tetanus / Diphtheria

<b>Primary Contact</b> Only use 'Restricted Access' and 'Custody' if custody is an issue. Primary Contact will default as bill payer unless otherwise noted.		<b>Secondary Contact</b> Only use 'Restricted Access' and 'Custody' if custody is an issue. Primary Contact will default as bill payer unless otherwise noted.	
Surname		Surname	
First Name		First Name	
Relationship to pupil		Relationship to pupil	
Salutation		Salutation	
Home Phone		Home Phone	
Mobile Phone		Mobile Phone	
Email Address		Email Address	
Occupation		Occupation	
Work Phone		Work Phone	
<input type="checkbox"/> Bill Payer <input type="checkbox"/> Restricted Access <input type="checkbox"/> Custody		<input type="checkbox"/> Bill Payer <input type="checkbox"/> Restricted Access <input type="checkbox"/> Custody	
<input type="checkbox"/> Early Notification <i>Mobile # or Email Address required</i>		<input type="checkbox"/> Early Notification <i>Mobile # or Email Address required</i>	
Physical Address		Physical Address	
Post Code		Post Code	
<input type="checkbox"/> This is the student's place of residence		<input type="checkbox"/> This is the student's place of residence	
<b>Emergency Contact</b>		<b>Medical Contacts</b>	
Surname		Doctor	
First Name		Medical Centre	
Relationship to pupil		Phone	
Salutation		Other Medical	
Home Phone		<b>B<sub>4</sub>School Check?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
Mobile Phone		B <sub>4</sub> SC Health?	
Email Address		B <sub>4</sub> SC Developmental?	
<b>Other Contact</b> Only use 'Restricted Access' and 'Custody' if custody is an issue.		B <sub>4</sub> SC Behavioural?	
<b>Document Check</b> Please include copies of the following documents.			
Surname		<input type="checkbox"/> Verification of Identity <i>Birth certificate/Passport etc</i>	
First Name		<input type="checkbox"/> Immunisation Certificate	
Relationship to pupil		<input type="checkbox"/> Proof of Address	
Salutation			
Home Phone		<b>Pastoral Notes</b> Please include any other information you'd like to share about your child, or any of the contacts. This could include Postal Address if this differs from a physical address, religion, talents, interests, living arrangements, times contacts are available, court order details etc.	
Mobile Phone			
Email Address			
Occupation			
Work Phone			
Physical Address			
Post Code			