



Enrolment Form

STUDENT DETAILS

Family Name _____

First Name(s) _____

Gender **BOY / GIRL**

Date of birth _____

Birth Certificate or Passport must be sighted for all students

Address _____

Home Phone _____

Child Lives With:

Any Custody Arrangements / Access Restrictions

Copies of any court order will be required

Previous school attended *(if applicable)*

Date First Started School _____

(if applicable)

Current Class level _____

(if applicable)

Early Childhood Centre attended *(if applicable)*

Place in family: ____ of ____

Other children attending this school

Now: _____

In future: _____ (Name & DOB)

Ethnic Group:

Home Language:

Country of Citizenship:

Country of birth:

Date student entered New Zealand:

(if applicable)

New Zealand Resident?

YES / NO

If 'NO',

Does student have a student visa? YES / NO
(Copy of visa is required)

Does parent have a work visa? YES / NO
(Copy of visa is required)

Do you give permission for the school to obtain information from NZ Immigration Service about your visas? YES / NO

Are you a refugee?

YES / NO

CAREGIVER DETAILS

Relationship to student: _____	Relationship to student: _____
Name _____	Name _____
Address _____ _____	Address _____ _____
Home Phone _____	Home Phone _____
Cellphone _____	Cellphone _____
Occupation _____	Occupation _____
Employer _____	Employer _____
Work Phone _____	Work Phone _____
Email _____	Email _____

STUDENT'S HEALTH DETAILS

Immunisation certificate must be sighted for all students

Allergies _____	Sight _____
Medication _____	Speech _____
Serious Problems _____	Hearing _____

Student's Doctor

OTHER DETAILS

Student's interests, hobbies etc.

Student's Learning & Behaviour Needs

Any other information about the student that we need to know

EMERGENCY CONTACTS

Injury or illness

In the event of an injury or illness, we will contact the caregivers named above in the first instance. However, if they are unavailable, the school should call:

Name _____	Name _____
Relationship to student _____	Relationship to student _____
Home Phone _____	Home Phone _____
Work Phone _____	Work Phone _____
Cellphone _____	Cellphone _____

(The student may be released into the care of the people named above)

Civil Defence Emergency

Different people *may* need to be authorised to collect your child in the event of an emergency evacuation (earthquake, fire, flooding, tsunami, etc) as they need to be people who live or work close to school and would be able to get to school quickly and easily.

In addition to the people named above, the school may release the child to the following people in the event of a civil defence emergency:

Name _____	Name _____
Relationship to student _____	Relationship to student _____
Home Phone _____	Home Phone _____
Work Phone _____	Work Phone _____
Cellphone _____	Cellphone _____

IWI AFFILIATION

Does the student have an affiliation with an(y) Iwi?	If 'YES' please complete details below
<p>Please enter the name(s) of the student's Iwi where the student identifies belonging to one or more Iwi.</p> <p>Up to three Iwi affiliations may be entered for the student.</p> <p>If the student has an Iwi affiliation, but does not know the name of their Iwi, please enter 'Don't Know'.</p>	<p>Iwi: Rohe (Iwi home area):</p> <p>Iwi: Rohe (Iwi home area):</p> <p>Iwi: Rohe (Iwi home area):</p>

PERMISSIONS / AGREEMENTS

Education Outside the Classroom

I give permission for my child to join in class trips that arise as part of the classroom programme. This is for trips in school time. Individual permission will be sought for overnight trips and excursions in high-risk situations.

YES / NO (please circle one)

Publication Permission

I give permission

- For published mention/acknowledgment of my child
- For publication of my child's school work
- To use photographs of my child while taking part in various activities at school

These items could appear on our website, on the internet, or on promotional material or other forms of media, eg newspaper, TV, etc.

YES / NO (please circle one)

Medical Emergencies

I understand that the school will take action on my behalf in case of sudden illness or injury and I will reimburse the school any associated costs incurred.

School personnel may administer Pamol/Panadol to relieve pain if considered appropriate.

YES / NO (please circle one)

Families Contact List

From time to time the school has reason to compile a list of family contact details (including one phone contact and one email). *Inclusion in the list is optional.* The purpose of the list would be to facilitate communication within the school community

- between families
- between school event organisers and families
- in the event of emergency events, eg earthquakes, severe flooding, etc.

Please note that distribution of any such list would constitute making the information publically available, so families would be advised they must use the list only for the purpose for which it was intended.

Our details to be included in the Families Contact List, as required. YES / NO (please circle one)

Information and Records

In terms of the Privacy Act, I understand that the information on this form is collected to form part of the essential information the school holds on my child. The records made from this information may be viewed on request at the school. I approve the forwarding of information when my child transfers to another school. I further approve the forwarding of my child's name and address on request to a potential Intermediate or Secondary school.

School Policies

I agree to abide by school policies.

Signature of Parent / Caregiver: _____

For office use only

Date of entry		Enrolment No.	
Birthdate verified	YES / NO	Year Level on entry	
Birth certificate No.		Class on entry	
Passport No.		Proof of address	YES / NO / Not App.
Student Visa copied	YES / NO / Not App.	ECE questionnaire	YES / NO / Not App.
Work Visa copied	YES / NO / Not App.		
Immunisation cert.	YES / NO	NSN No.	