

Enrolment Form



*Whaowhia te kete mātauranga
Fill your basket of knowledge*

Student Details

Surname: (Legal name as per birth certificate) _____

Given name: _____

Middle name: _____

Preferred name: (if different to given name) _____

Date of birth: / / (day/month/year) _____

Male Female

Home address: _____

Home phone: _____

Level enrolling for: Year 7 Year 8 Year 9

Year 10 Year 11 Year 12 Year 13

School currently attending: _____

Year Level: _____

Is the student currently under suspension from a school? _____

Yes No If yes, name of school: _____

Has the student ever been excluded from a school? _____

Yes No If yes, name of school: _____

Brothers/Sisters (who are currently attending this school – names and year levels)

Student is living with: Both parents Mother Father Legal Guardian Other please specify

Father Details

Mother Details

Title: Mr Other (please specify) _____

Title: Mrs Ms Miss Other (please specify) _____

Name: _____

Name: _____

Residential Address: _____

Residential Address: _____

Postal Address: (if different from residential) _____

Postal Address: (if different from residential) _____

Home phone: _____

Home phone: _____

Work phone: _____

Work phone: _____

Mobile phone: _____

Mobile phone: _____

Email: _____

Email: _____

Occupation: _____

Occupation: _____

Workplace: _____

Workplace: _____

Caregiver/Legal Guardian Details (if not residing with parents)

Emergency Contact (friends/family we can contact)

Name: _____

Name: _____

Address: _____

Address: _____

Home phone: _____

Home phone: _____

Mobile phone: _____

Mobile phone: _____

Email: _____

Relationship with student: _____

Occupation: _____

Relationship with student: _____

Please provide proof that you are the legal caregiver/guardian – i.e. Court Order

Where to send correspondence/reports:

Both parents Mother Father Legal Guardian Other please specify

Where to send accounts:

Both parents Mother Father Legal Guardian Other please specify

Please note: Written permission from a parent or the legal caregiver/guardian will be required if you have ticked other

Additional Relevant Information

Residency Status and Ethnicity (statistical)

With which of the following ethnic group(s) do you identify?

New Zealand New Zealand Maori European
name iwi - may be more than one please identify

Iwi:

Pacific Islands Asian Other
please specify please specify please specify

Permanent resident of New Zealand? Yes No

If no, indicate date entered New Zealand: ___/___/___

Visa Expiry Date: ___/___/___

Trips Permission

I give permission for my son/daughter to go on low risk trips. I understand that individual permission will be sought when transport is required.

Yes No

Permission To Use Photographs

Occasionally the school takes photographs of students to record activities within the school for the students' learning journals, for the school newsletter and for the school website. It is the school's policy that any photos for publication are either positive depictions of the students or the photographs are taken in such a way as to avoid identification. Please advise the school if you have any concerns about publication of your child's photos.

Yes No

Year 7 & 8 students only

I give permission for my son/daughter to attend the school swimming programme at the Kawerau Town Pools.

Yes No

Health Information

To help us care for your son/daughter please answer the following questions about their health:

Please contact the school nurse if you wish to discuss any health or disability matter in private

Student Name:

Doctor:

Phone Number:

Condition	Mild	Mod	Severe	Medication Taken For Each Condition
Bee/Wasp sting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Headaches	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Migraine	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
ADHS or ADD	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Epilepsy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Hearing Loss	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Hearing Aid Yes <input type="checkbox"/> No <input type="checkbox"/>
Heart Condition	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Hepatitis B	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Rheumatic Fever	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Does your son/daughter regularly take any tablets/medication? Yes No

If yes, please state the name of medication, dosage, how often etc

If the medication needs to be taken during school hours please contact the school nurse

If your son/daughter takes Saibutamol (Ventolin/Samamol) for their Asthma, do you give permission for this to be given to them as an initial first aid measure for an Asthma Attack
Yes No

Do you give permission for your son/daughter to be provided with an appropriate dosage of Panadol if required?
Yes No

In the event of sickness, an accident, or an emergency whereby staff are unable to contact caregivers, do you give permission for the school to make arrangements as necessary for the treatment of your son/daughter and agree to meet any costs incurred?
Yes No

Do you give permission for the school nurse to assess your son/daughter to identify any health/social concerns?
(Year 7,8,9 only)

Yes No

Privacy of Information

The information on this form is collected and used by the school to provide education for your child, and it is used for associated school activities. It is available to all staff of the school and to members of the Board of Trustees. Please advise the school if you have any concerns about disclosure of any of the information within the school.

The school is sometimes obliged by law to give information to government departments (e.g. Ministry of Education and Ministry of Health) but it will not otherwise be disclosed without your authorization. You have the right to request access and to request correction of information held about you by the school. We would be grateful if you could contact the school office if any details need to be changed, especially contact details.

Declaration

I declare that the information provided on this form is true. I will ensure that:

1. My son/daughter attends school regularly and not be truant.
2. An explanation of any absences will be provided.
3. My son/daughter will wear the official school uniform.
4. My son/daughter will comply with all school behavior expectations.

Signature of parent/legal guardian:

____/____/____
Date:

Completing the Enrolment Form

These attachments must be supplied with the Enrolment Form:

- A copy of the student's birth certificate if born in New Zealand
- A copy of the passport page with the student's name, date and place of birth if not born in New Zealand
- A copy of the student's residence permit if not born in New Zealand
- Family Court Order if applicable

OFFICE USE ONLY

Date Received ____/____/____

Enrolled by _____

Date enrolled on Kamar ____/____/____

Birth Certificate/passport sighted Yes No

Visa sighted Yes No

Family Court Order sighted Yes No