

BETHLEHEM PRIMARY SCHOOL - ENROLMENT FORM

For office use only: Date child starts school: _____ Year: ___ Room: ___ Enrolment No: _____
In zone/ out of zone For out of zone - priority number: _____ Date of Birth verified: _____

Child's Details (details marked with * must be entered)

*Family Name: _____
*Child's first name: _____
*Child's preferred name: _____
*Address: _____
_____ Verified:
*Contact phone: _____
*e-mail: _____
*DOB: _____ Gender: Boy / Girl
Siblings at Bethlehem School: _____

*Language spoken at home: _____
*Residency/Citizenship? Yes / No (if No, give details)

MOE Information Required

*Ethnicity: _____
*Maori - Iwi: _____ / _____
*Previous School: _____
*Yr level: ___ *City / Town: _____
*Early Childhood Centre: (for New Entrants):
Where?: _____
How long?: _____ (Yrs or Mnths) _____ (Hrs/Wk)

Emergency Contacts

(Not a parent or caregiver, must be a Tauranga resident)

1. *Full name: _____
*Phone: _____ *Relationship: _____
2. *Full name: _____
*Phone: _____ *Relationship: _____
*Doctor / Clinic: _____
_____ *Phone: _____

I give my permission for my child to be taken directly for medical help in case of an emergency where neither we (parents/caregivers) nor the emergency person can be contacted.

*Signature: _____

Parents/Caregivers Details

1.*Title: _____ Legal Surname: _____
*First name: _____
*Address : (if different from child) _____

*Work or Mobile No.: _____
*Relationship to child: _____
*Country of Birth: _____
2..*Title: _____ Legal Surname: _____
*First name: _____
*Address : (if different from child) _____

*Work or Mobile No.: _____
*Relationship to child: _____
*Country of Birth: _____

*Please circle one: DUAL / SOLO / SHARED CARE
*Is there any restricted access: Yes / No
(provide supporting evidence / court documents,...)
*Legal Guardian is : _____

Learning & Behaviour

Learning/Behaviour Needs:

Specialist Needs/Resourcing/Agencies:

Other information/requests:

Information from Previous School

Literacy: _____

Maths: _____

Parent / Caregivers Commitment

This section outlines our school's conditions of enrolment. (please read carefully before signing)

1. I / We undertake to ensure that my/our son/daughter _____ (first name)
 - will attend school regularly
 - will abide by the school standards (rules)
 - will be responsible for the reimbursement for wilful damage to equipment and/or buildings (part or in whole) by arrangement
2. I / We accept and will abide by the school's policies.
3. I / We acknowledge that local funding is necessary to maintain educational standards and meet normal running expenses. We will support this through our annual parent contribution (school fee)
4. I / We accept that a condition of enrolment is our child wearing an approved school uniform as outlined in the uniform policy. (A copy of the uniform policy is in the Parent Information Handbook.)
5. I / We acknowledge that these are the conditions of enrolment and that we will support the school and its events.

Signature: _____ **Date:** _____

Important Enrolment information for In-zone Students

Entitlement to Enrol at Bethlehem School

Section 11D(1) of the Education Act 1989 provides that, subject to the provisions of that Act, a person who lives in the home zone of a school that has an enrolment scheme [such as Bethlehem School] is entitled to enrol at any time at that school.

The Act distinguishes between pre-enrolment and enrolment. "Pre-enrolment" refers to the process of applying for entry to the school. "Enrolment", on the other hand, occurs when attendance at the school commences and the student is first marked as present on the school roll.

The School may actively collect information and make all enquiries necessary in its opinion to ensure that enrolment details contained in this application are accurate.

Moving out of the Home Zone between pre-enrolment and the commencement of attendance at Bethlehem School or shortly thereafter.

The address given at the time of application for pre-enrolment must be the student's usual place of residence when the School is open for instruction. This means that if you currently live at an in-zone address but move to an out-of-zone address before your child's first day of attendance at the school, your child will not be entitled to enrol at the school and the Board may withdraw any offer of a place made on the basis of the given address.

Enrolment based on false information or temporary residence

The Ministry of Education has advised that parents should be warned of the possible consequences of attempting to gain enrolment by knowingly giving a false address or false information or by making an in-zone living arrangement which is intended to be only temporary. For example:

- Renting accommodation in-zone on a short term basis;
- Arranging temporary board in-zone with a relative or family friend;
- Using the in-zone address of a relative or friend as an 'address of convenience', with no intention to live there on an on-going basis.

If the School learns that a student was not living at the in-zone address given at the time of pre-enrolment or enrolment, or the School has reasonable grounds to believe that a temporary in-zone residence has been used for the purpose of gaining enrolment at the School then the Board may review that enrolment.

Unless the parents can provide a satisfactory explanation within 10 days, the Board may annul the enrolment. This course of action is provided for under Sections 11O and 11OA of the Education Act 1989

Moving out of the Home Zone after commencing attendance at Bethlehem School

Because only a student who lives in the home zone is entitled to enrol at Bethlehem School and because the Board of Trustees has the statutory power to annul the enrolment in certain circumstances, **all changes to the student's usual place of residence when the School is open for instruction must be immediately notified to the School in writing.**

Where permission is being sought for the student to remain at the School application must be made in writing prior to the move being undertaken.

Bethlehem School - Health & Permission Form

Student's name: Room: DOB:.....

Education Outside The Classroom (EOTC)

I give permission for my son/daughter to participate in **all** class related education trips (including activities involving water i.e. kayaking, swimming etc). I understand that I will always be notified of events through newsletters and notices sent home and have the right to send a note to exempt my son/daughter from a trip or event. I realize that there is a risk in any outdoor activity and accept that all reasonable care will be taken to prevent such accidents.

- ◇ I agree that he/she should take part in such activities and such duties as may be required by staff.
- ◇ I authorize the obtaining on my behalf any medical assistance, if, in the opinion of the staff, such treatment is necessary, and agree to meet any costs incurred.
- ◇ I authorize the teacher in charge of the excursion to consent, where it is impracticable to communicate with me, to my child receiving such medical treatment as may be deemed necessary.
- ◇ To the best of my knowledge he/she has no medical or physical disabilities likely to prove detrimental to him/her or others during the programme.
- ◇ I understand that the school will not accept responsibility for loss or damage of personal property.
- ◇ Should my son/daughter be involved in a serious disciplinary problem I accept that he/she may be sent home at my expense.
- ◇ I accept that the school reserves the right to check luggage and to confiscate items, which are considered dangerous or are forbidden.
- ◇ I agree to support the Board of Trustees, School and teachers with decisions in relation to safety standards and regulations.
- ◇ I agree to notify the school of any changes to our contact details.

Signature:

Use of Student Images and Student Work

I / We agree that our child's / children's photo or work may be used in school newsletters, website and facebook page should the occasion arise.

Signature: _____

Medical Report

This report is to assist us in case of any eventuality with your son/daughter. All information is held in confidence.

1 Is your child presently taking tablets and/or medicine YES / NO

If YES please state the name of the medication and the dosage

.....

2 All medicines must be handed to the class teacher prior to leaving on a trip with your child's name, the dose to be given and when it should be taken. (These will be kept in the first aid bag and distributed as required.)

Please do not allow children to be in possession of any medicine (except asthma inhalers) whilst on a trip

Please tick if your child suffers any of the following:

Bed wetting [] Fits of any kind [] Heart condition []

Dizzy spells [] Asthma [] Migraine []

Travel Sickness [] Black outs [] Sleep walking []

Other.....

Allergies to: Penicillin? [] Any foods? [] Drugs? []

What special care is recommended?

.....

Last tetanus immunization was

Has your child been away from home before? YES / NO

Signature:

Date

Health

Please note here any other known health problem that may affect your son/daughter.

Problem

.....

Treatment

.....

Medication

.....

Please complete this form and return it to school as soon as possible. If you have any questions please phone Bethlehem School (07) 576 4726