

ENROLMENT FORM

FOR

NAME:

DATE OF BIRTH:

PREFERRED START DATE: ____ / ____ / ____

GOLDEN
SANDS
SCHOOL

Te Rito o te Harakeke



Golden Sands School

26 Golden Sands Drive
Papamoa Beach
Bay of Plenty

P: 07 542 4550

F: 07 542 4551

E: admin@goldensands.school.nz

W: www.goldensands.school.nz

For Office Use:

ROOM:

YEAR:

TEACHER:

INTEGRITY • RESPECT • COURAGE • HONESTY • FUN

ENROLMENT FORM

Please attach the following documents to this form

- Proof of Address - *Only accepted document: Current power bill*
- Birth Certificate
- Immunisation Record / Plunket Book
- Cyber Safety Agreement (included in the enrolment pack)



PUPIL DETAILS

Legal Surname: _____	Legal First Name: _____	Middle Name: _____
Preferred Name (if different from first name): _____	Date of Birth: ____ / ____ / ____ <small>(Please supply a copy of birth certificate)</small>	
Gender: Male / Female <small>(Please circle one)</small>	Current Year Level: _____	or <input checked="" type="checkbox"/> if New Entrant: <input type="checkbox"/>
Previous School's Name _____ or		
Name of Pre-School: _____		
Number of years at Pre-school? _____	Number of hours at Pre-School? _____	

PARENT(S) / CAREGIVER(S) DETAILS

CAREGIVER 1:	CAREGIVER 2:
Title: <input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Ms <input type="checkbox"/> Miss	Title: <input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Ms <input type="checkbox"/> Miss
Surname: _____	Surname: _____
First Name: _____	First Name: _____
Relationship to student: _____	Relationship to student: _____
Address: _____ <small>Postcode</small>	Address: _____ <small>(If different from Caregiver 1) Postcode</small>
Home Phone: _____	Home Phone: _____ <small>(If different from Caregiver 1)</small>
Mobile Phone: _____	Mobile Phone: _____
Occupation: _____	Occupation: _____
Employer: _____	Employer: _____
Work Phone: _____	Work Phone: _____
E-mail: _____	E-mail: _____

EMERGENCY CONTACT DETAILS (OTHER THAN PARENTS, MUST LIVE LOCALLY)

EMERGENCY CONTACT 1:	EMERGENCY CONTACT 2:
Title: <input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Ms <input type="checkbox"/> Miss	Title: <input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Ms <input type="checkbox"/> Miss
Surname: _____	Surname: _____
First Name: _____	First Name: _____
Relationship to student: _____	Relationship to student: _____
Home Phone: _____	Home Phone: _____
Mobile Phone: _____	Mobile Phone: _____

ETHNICITY / IMMIGRATION STATUS

NZ Maori Iwi Affiliation (NZ Maori only) 1) _____ 2) _____ | 3) _____

NZ European Tongan Samoan British
 Indian Chinese Other Asian Other _____

First Language: _____ Other Languages spoken: _____

Is the child a NZ Citizen? Yes No Country of Birth: _____

Is the child a NZ Resident? Yes No Please present passport with Residency Permit

Date of entry into NZ: _____

GENERAL INFORMATION

Are there any other children in your family likely to attend Golden Sands School? Yes No

Name: _____ Date of Birth: _____ / _____ / _____

Name: _____ Date of Birth: _____ / _____ / _____

Name: _____ Date of Birth: _____ / _____ / _____

Name(s) of any person forbidden by law to have access to your child *(please provide a copy of the legal document pertaining to this)*

Are there any family circumstances we should be aware of? *(all information provided will be kept strictly confidential)*

Does your child have any special needs or behavioural needs we should be aware of?

MEDICAL / HEALTH

Family Doctor: _____ Phone number: _____

Medical Centre: _____

Does your child have any medical conditions? No Yes If yes, please provide details:

Does your child have any allergies? No Yes If yes, please provide details:

Is your child on any medication? No Yes If yes, please provide details:

COMMUNICATION & PERMISSIONS

Our main form of communication is electronically through e-mail or the school website. Would you like to receive the weekly newsletter and notices by e-mail? Yes No

If yes, what is your preferred e-mail address? _____

I give permission for First Aid Staff to administer recommended dosage of Panadol if the need arise: Yes No

I give permission for my child to be seen by the Dental Therapist. Yes No

I give permission for my child to be seen by the Hearing & Vision Technician. Yes No

I give permission for my child to be seen by the Public Health Nurse. Yes No

Are you happy to have the school administer sunscreen and basic first aid to your child? Yes No

Are you happy for your name & phone number to go on the school list for the Friends of Golden Sands School (FroGSS) and for the Board of Trustees to contact you? Yes No

Does your child have your permission to go on walks around the local school environment and to the beach with their class and teacher, looking at items of interest? Yes No

Are you happy for your child's photo and first name to appear on our school blog/webpage? Yes No

Are you happy for your child's photography or artwork to be used on the school website or any other information documents, including publicity? Yes No

I accept responsibility for any expenses incurred in obtaining treatment for my child in an emergency situation. Yes No

I am happy for my child to use the school internet and e-mail as a tool for their learning. Yes No
(Please complete the Cyber Safety Agreement included in the enrolment pack)

SCHOOL DONATION & FEES

Our Board of Trustees has set our annual school donation as follows: \$80.00

Donations are tax deductible. All donations will help purchase student learning tools. These will be identified each year for parent information.

PARENT / CAREGIVER DECLARATION

Consent under the Privacy Act 1993 and Declaration by Parent(s) / Guardian(s)

To the best of my knowledge the information contained in this enrolment form is true and correct. If the information is found to be false, the School reserves the right to remove your child. I acknowledge that the information contained in this enrolment form may be used by the school for dissemination to other institutions regarding the progress of my child. I agree that Golden Sands School may obtain my child's records on my behalf.

Name of Parent / Guardian: _____

SIGNATURE

_____/_____/_____
DATE

STUDENT ENROLMENT INFORMATION

Name of Student: _____

Name of person completing this form: _____



What interests does your child have?

What areas can Golden Sands School help with?

What aspects of schooling does your child enjoy?

What are your expectations for your child at Golden Sands School?

Would you like someone from the school leadership team to contact you?

Yes No

What is the best way and time for us to get in touch?

Any other information our school needs to know to be able to help? ie learning concerns, social

INFORMATION FOR CHILDREN TO COMPLETE

We ask that this section is completed by the child enrolling to help us make Golden Sands School a great place for learning and growing together. (If your child cannot write yet, please ask them the questions and complete it on their behalf).



My name is: _____

My birthday is: _____

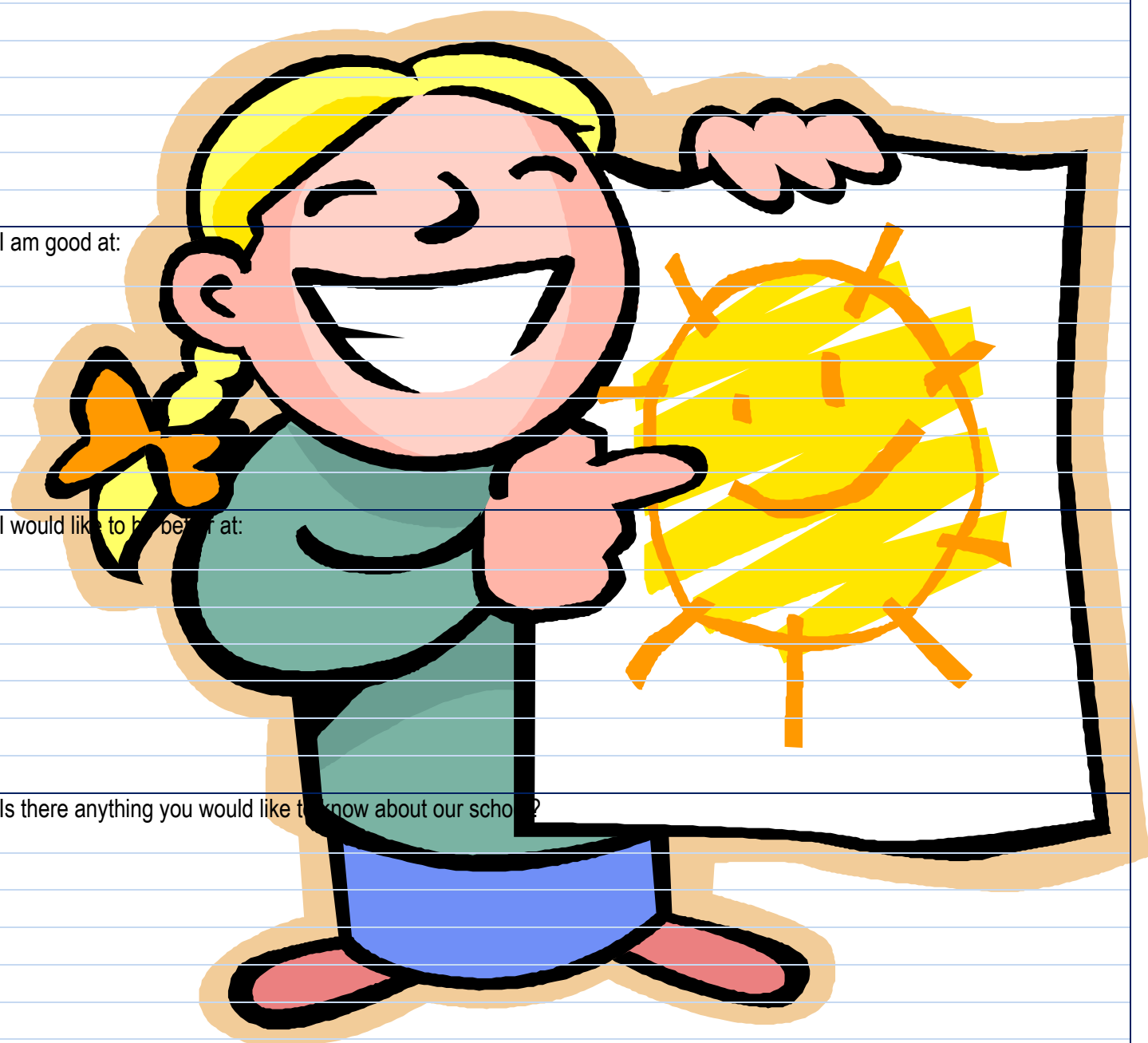
My address is: _____

I like to:

I am good at:

I would like to be better at:

Is there anything you would like to know about our school?



Thank you very much for filling in this information sheet, we will use it to help you do exciting things at **your** new school – Golden Sands School!

PARENT QUESTIONNAIRE (FOR YEAR 0 – 2 CHILDREN ONLY)

This form is designed to provide information for teachers about the special interest and capabilities of students as perceived by their parents/caregivers. Information about pre-school activities can help teachers to better understand and provide for the needs of the children within their classrooms.



Name of Student: _____ D.O.B _____ / _____ / _____ Year Level _____

Infancy

As an infant, at what age did your child reach the following milestones?

Crawled: _____ Talked in: single words: _____
 Walked: _____ phrases: _____
 sentences: _____

Approximately how much sleep did your child require at 3 months of age? _____ hours

Additional comments you would like to add?

Childhood

How does your child rate on the following characteristics?

I FEEL MY CHILD:	SELDOM	SOMETIMES	OFTEN	CONSISTENTLY
Is fascinated with books, maps, road signs				
Is interested in time, numbers, patterns				
Has keen power of observation				
Is curious, asks many questions				
Has an excellent memory and recall of knowledge				
Has a well-developed sense of humour				
Has effective problem solving skills				
Shows abstract reasoning; has the ability to generalise				
Has advanced interest in moral issues				
Shows enjoyment in and speed of learning				

Additional Information

1. ❖ List any early childhood education your child has had:

❖ What are your child's strengths? e.g. academic, sporting, cultural

2. ❖ What do you most admire about your child? e.g. personality, characteristics

❖ What area do you find most difficult with your child? (Optional to answer)

3. List any out-of-school activities that your child is involved in.

4. If your child could pursue any interest or passion in the world, without regard to cost, time or other constraints, what would it be and why? E.g. collections, characters from books/TV, natural world, construction, the arts (dance, drama, art, music) etc.

5. Has your child had any intervention with regards to behaviour, learning needs and abilities? Please explain in detail.

I agree that this information can be shared with any educational professional who has dealings with my child during the time at Golden Sands School. Your insight is greatly appreciated.

Parent/Caregiver Signature: _____

Date: ____ / ____ / ____

PARENT QUESTIONNAIRE (FOR YEAR 3 - 6 CHILDREN ONLY)

Please answer the following questions for each of your children from Year 3 upwards and feel free to add additional comments or pages.



Name of Student: _____

D.O.B _____ / _____ / _____

Year Level _____

Characteristics

How does your child rate on the following characteristics? I feel my child:

CRITICAL THINKING	RARELY	SOMETIMES	OFTEN	CONSISTENTLY
Learns rapidly, grasping underlying principals				
Recalls a wide general and/or subject specific knowledge				
Displays logical and well thought-out reasoning				
Is an avid reader and/or writer with advanced vocabulary				
Seeks to discover the why and how of things				
Enjoys intellectual challenges				
CREATIVE THINKING	RARELY	SOMETIMES	OFTEN	CONSISTENTLY
Displays curiosity, asks searching questions				
Generates many original and novel ideas				
Has a keen sense of humour, and often sees humour in situations that other don't				
Is persistent and shows determination				
Is a high risk taker				
Is non-conforming, does not fear being different				
CARING THINKING	RARELY	SOMETIMES	OFTEN	CONSISTENTLY
Is concerned about truth, equity and fair play, often challenging decisions				
Shows concern for and is sensitive to others				
Is passionate about humanitarian issues, e.g war, starvation				
Is a visionary				
Is able to see merit/value in things/ideas for its own sake				

Additional Information

1. ❖ List any early childhood education your child has had:

❖ What are your child's strengths? e.g. academic, sporting, cultural

2. ❖ What do you most admire about your child? e.g. personality, characteristics

❖ What area do you find most difficult with your child? (Optional to answer)

3. List any out-of-school activities that your child is involved in.

4. If your child could pursue any interest or passion in the world, without regard to cost, time or other constraints, what would it be and why? E.g. collections, characters from books/TV, natural world, construction, the arts (dance, drama, art, music) etc.

5. Has your child had any intervention with regards to behaviour, learning needs and abilities? Please explain in detail.

I agree that this information can be shared with any educational professional who has dealings with my child during the time at Golden Sands School. Your insight is greatly appreciated.

Parent/Caregiver Signature: _____

Date: ____ / ____ / ____

Would you Like to help?

We will need your help to make our school a great place for learning. Do you or members of your family have any skills that could be helpful around the school or would you like to help us in any of the areas listed below. Please fill out their names and contact details and tick the areas where they would like to help.

NAME	CONTACT DETAILS	Math Resources	Laminating	Shelving Books	Issuing Library books	Administration	PE Shed	Sports Games	Help - reading/writing	Handyman jobs	Blow vacuuming	Sweeping	Other (please list)

General	
Is there any further comments or information you would like the school to know?	
Do you have any reports or records from your child's school? If so, please attach.	
Yes	<input type="checkbox"/>
No	<input type="checkbox"/>

FOR OFFICE USE ONLY:

ENROLMENT NUMBER

First Transition Visit:

Date started at GSS

Room

Year

NSN

Entered on SMS

Entered on ENROL

Newsletter

Mathletics

Library User

Fees Applied

Copy to Teacher