

WHANGARA SCHOOL ENROLMENT FORM _____

STUDENT DETAILS



| | | |
|--|--------------------------------|---|
| Surname | First Name(s) | |
| Address _____ _____ _____ Postal Code _____ In zone / Out of Zone | Preferred Name | Date of Birth (cert/ passport required) |
| | Email address | |
| | Home Phone | Mobile Phone |
| | Country of Birth | Gender: Male Female |
| Student lives with: Both Parents / Mother / Father / Guardian Other (please specify) | Eldest Child at this school | Name of previous pre-school/ School |
| | Future siblings who may attend | Place in family Number of |

FIRST CONTACTS e.g. Mother /Father / Guardian

| | |
|-----------------------------|-----------------------------|
| Full Name _____ | Full Name _____ |
| Relationship to child _____ | Relationship to child _____ |
| Home phone _____ | Home phone _____ |
| Work phone _____ | Work phone _____ |
| Occupation _____ | Occupation _____ |
| Mobile phone _____ | Mobile phone _____ |

ALTERNATIVE EMERGENCY CONTACTS e.g. relative/friend/neighbour

| | |
|-----------------------------|-----------------------------|
| Full Name _____ | Full Name _____ |
| Relationship to child _____ | Relationship to child _____ |
| Daytime phone _____ | Daytime phone _____ |
| Mobile phone _____ | Mobile phone _____ |

MEDICAL INFORMATION

Note known medical conditions or concerns here

CUSTODY / ACCESS RESTRICTIONS

Note custody issues here (attach appropriate documents)

| | |
|---|--|
| Doctors name and phone | |
| I CONSENT TO MY CHILD RECEIVING PARACETAMOL/PAMOL IF UNWELL AT KURA YES/NO | |
| Immunisations Completed YES / NO (Please provide copy of Certificate) | |

ETHNICITY

EARLY CHILDHOOD EDUCATION

| | | | |
|------------------------------|--|----------------|-------------------|
| (up to three) | Prior participation in Early Childhood Education. Please enter up to three | Hours per week | How long attended |
| NZ European NZ Maori | Kohanga Reo | | |
| Other (please specify) _____ | Playcentre | | |
| Iwi/Hapu _____ | Kindergarten or Education Care Centre | | |
| _____ | Home based service | | |
| _____ | Playgroup | | |
| | The Correspondence School | | |
| | or Did not attend | | |

PERMISSION AND CONSENT DETAILS

I give permission for my child to attend all Education Outside the Classroom Trips (E.O.T.C.) Individual permission will be sought for overnight trips/excursions in High risk situations. YES / NO

I give permission for my child to participate in the Hikitai programme at Whangara School in Term 1 and Term 4. The activities participated in are waka ama, snorkelling, horse riding, surfing and surf lifesaving. YES / NO

I give permission for my child's photograph to be used for promotional purposes e.g magazine, media, web site etc YES / NO

I give permission for my child to use the school computers and internet within the constraints of the school's internet policy. My child will not bring disks to school, neither will my child use the computer without supervision. (All school computers have internet safety programmes installed) YES / NO

I give permission to seek medical attention in an emergency, or if unable to contact a parent/guardian YES / NO

In terms of the Privacy Act 1993 the school needs your written consent for the following matters. Please help us by showing YES or NO where indicated.

1. I agree to Whangara School collecting information relating to my child's education progress. YES / NO
2. I agree to Whangara School requesting records from my child's previous school. YES / NO
3. I agree to Whangara School sending records to another school should my child leave YES / NO
4. I agree to my child's records being open to access by:
 - (a) the School Dental Nurse YES/NO
 - (b) the Public Health Nurse YES/NO (Includes Hearing and Vision testing)
 - (c) Special Education Services staff YES/NO (Contact will be made by Special Education Staff directly)

Are there any special abilities/needs/issues the school should be aware of concerning your child?

Please tick here if you would like school newsletters and correspondence e-mailed to the address provided.

Signature _____

Date _____

Office Use Only:

- Birth Certificate copied
 Immunisation form copied

Year Level _____
NSN No: _____
eTAP Enrolment No _____

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