



Pupil Enrolment Form: Student Details

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| Family Name: | Date of Birth: |
| Given Name: | Attach full birth certificate |
| Preferred Name: | Country of Citizenship: |
| Home Address: | If from overseas provide passport/visa |
| Postcode: | Date of Entry to NZ |
| Home Phone: | Home Language: |
| Place in family: of : Girl <input type="checkbox"/> or Boy <input type="checkbox"/> | Current Year Level: |
| Ethnicity: (cultural identification with a particular ethnic group). NZ European <input type="checkbox"/> Māori <input type="checkbox"/> Other <input type="checkbox"/> (please specify) | Māori: Please state iwi/hapu 1. 2. |
| Parent(s) or Caregiver(s) child lives with: | |
| Full Name: Mr, Mrs, Ms, Miss, Dr: | |
| Relationship to student: | Occupation: |
| Email Address: | Cellphone: |
| Name of Workplace: | Work phone: |
| Full Name: Mr, Mrs, Ms, Miss, Dr: | |
| Relationship to student: | Occupation: |
| Email Address: | Cellphone: |
| Name of Workplace: | Work phone: |
| Parent(s) or Caregiver(s) student does not live with (if applicable) | |
| Full Name: Mr, Mrs, Ms, Miss, Dr: | |
| Address: | Home Phone: |
| Postcode | Cellphone: |
| Relationship to student: | Occupation: |
| Email Address: | Work Phone: |
| Name of Workplace: | |
| Name of Legal Guardians: | |
| Emergency Contact 1 (other than parent/guardian) | Emergency Contact 2 (other than parent/guardian) |
| Name: | Name: |
| Address: | Address: |
| Relationship to Student: | Relationship to Student: |
| Home Phone: | Home Phone: |
| Cellphone: | Cellphone: |

Student Health Record

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| Doctor: | | Surgery Phone Number: | |
| Medical Centre: | | | |
| Immunised: Yes <input type="checkbox"/> No <input type="checkbox"/> | | Please provide immunisation certificate | |
| Allergies: Yes <input type="checkbox"/> No <input type="checkbox"/> | | If yes please complete below: | |
| Allergy to: | Severity: | Medication Required: | |
| Stings | | | |
| Food | | | |
| Medication | | | |
| Other | | | |
| Other Medical Conditions | Severity | Medication Required: | |
| Asthma | | | |
| ADHD/ASD etc. | | | |
| Epilepsy | | | |
| Other medical condition or disability: i.e. hearing or vision | | | |
| Has your child had a B4 School check? Yes <input type="checkbox"/> - please provide the certificate. No <input type="checkbox"/> | | | |

In case of Illness, Accident or Emergency:

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| I give permission for my child to receive non-prescription medicines such as Pamol, when necessary, from a staff member who holds a current First Aid Certificate. | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| If the school is unable to contact you, or if the accident is serious, I give permission for the school to either take my child to a medical centre or to call an ambulance, and/or allow medical experts to take necessary action to treat your child. | Yes <input type="checkbox"/> No <input type="checkbox"/> |

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| Learning/Behaviour Needs | Reading Recovery Yes <input type="checkbox"/> No <input type="checkbox"/> Other: Please state: | Agency/ies Involved? |
| Special Needs | ORs Funded RTL/RLit Other: Please state | |
| Custody Access Yes <input type="checkbox"/> No <input type="checkbox"/> Not Applicable <input type="checkbox"/> | Court Order Issued Yes <input type="checkbox"/> Please provide a copy. | |

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| Name of Early Childhood Centre Attended: | |
| Name of Previous School Attended: | |

Other members of your family likely to attend this school in the future:

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|-----------|----------------|
| 1. | Date of Birth: |
| 2. | Date of Birth: |
| 3. | Date of Birth: |

Early Childhood Education Participation (new entrant children only)

Did your child attend one or more Early Childhood Education Service(s) in the six months prior to starting school? Please complete the table below for the last service(s) attended.

Instructions

1. If your child was attending more than one service **at the same time**, please enter hours per week for up to three services.
2. If your child attended one service, but changed to a different service within the six months prior to starting school, please complete the table for the **last service only, not both**.
3. If your child's attendance hours varied, or you are uncertain, please enter an approximate or average number of hours per week.

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| Was ECE regularly attended? <input type="checkbox"/> Yes for the last ____ years | <input type="checkbox"/> No not regularly <input type="checkbox"/> No did not attend | | |
| Type of Early Childhood Centre | ECE 1 Hours/week | ECE 2 Hours/week | ECE 3 Hours/week |
| Kohanga Reo <input type="checkbox"/> | | | |
| Playcentre <input type="checkbox"/> | | | |
| Kindergarten or Education and Care Centre <input type="checkbox"/> | | | |
| Home based service <input type="checkbox"/> | | | |
| Playgroup <input type="checkbox"/> | | | |
| Correspondence School <input type="checkbox"/> | | | |
| Or Please tick the appropriate box | | | |
| Attended Outside New Zealand <input type="checkbox"/> | | | |
| Did not attend <input type="checkbox"/> | | | |
| Attended, uncertain of what type of service <input type="checkbox"/> | | | |
| Unable to establish if attended or not <input type="checkbox"/> | | | |

Privacy Statement

The information collected will be used by the school for enrolment and forms an essential part of the information held by the school on your child. The records made from this information may be viewed on request at the school. The information collected may be disclosed to appropriate education, health and welfare authorities and for data gathering by the New Zealand Ministry of Education, in accordance with the principles of the Privacy Act. It will not be disclosed to any other person or agency unless such disclosure is authorised or required by law.

Enrolment Permissions

1. Trip Permission

From time to time the children leave the school property for various out-of-school excursions including:

- visits to museums, art galleries and other cultural venues;
- participating in sports, the arts and community events;
- performing for or supporting local institutions such as the hospice and Ross Home;
- field trips.

Sometimes the children travel by bus and sometimes on foot. Risk management is part of all off site activities and teachers ensure risk is minimised. Most trips are signaled to parents well in advance.

2. ICT Permission

Information and communication technologies are integral to modern teaching. Children at NEV Normal have access to computers, the internet and blogs daily. The use of computers by children is governed by strict in-school policy. The children follow a cyber safety agreement to be safe digital citizens.

The school uses a Spark product to access the internet, called Network 4 Learning. This product has up-to-date filters to maximise internet safety for our pupils.

3. Use of Name and Photo Permission

From time to time the school publishes stories, photos and other information of interest to the general public via newsletters, websites, blogs, marketing material and other means.

From time to time the media take photos and write stories about things the school is doing and these photos and stories are published.

Because of our high profile we also have some of our activities published by agencies such as the Ministry of Education. Children's photos and names are sometimes used in these instances.

I do not give permission for the use of my child's name or photograph outside of school.

4. Information to Other Agencies

I/we understand and accept that the school shares information about our child/ren and/or dependent/s, where the school is required to under law or when the school is seeking assistance for our child/ren and/or dependents, with various individuals and groups, including but not exclusive to:

- Government departments their agents or contractors;
- Other schools;
- The North Dunedin Community of Learning, Ōtepoti ki te Raki;
- Counselling services, and other helping agencies and groups

And that the school will treat personal information about children respectfully and within the expectations of all of the relevant Acts of Parliament.

5. Use of Email Address

I give permission for the school to use my email address to send information regarding the school.

6. Counselling Self-Referral

I give permission for my child to self-refer to an NZAC registered counsellor.

I do not give permission for my child to self-refer to the counsellor.

Declaration:

I, _____ parent/legal guardian of _____
give permission for the school principal and staff to take my child/ren on school trips, for my children/ren to use ICTs at school, to use their photo and name in publications and to provide enrolment and other information to Government and other agencies when necessary.

Signed: _____

Date: _____

For office use only: Enrolment Checklist

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| Birth Date Verified: <input type="checkbox"/> | BC Number: | Passport Number: |
| NSN: | School Admission Number: | |
| Date of Entry: | Zone: In <input type="checkbox"/> : Out <input type="checkbox"/> | Copy to dental school: <input type="checkbox"/> |
| Room Number: | Year Level: | Copy to Teacher: <input type="checkbox"/> |