



# WAIOTIRA PRIMARY SCHOOL – ENROLMENT FORM

<b>CHILD'S DETAILS</b>		
First Names:		Surname:
Address:		
Phone:	Boy or Girl	Date of Birth:
Country of Birth:	Residency Status:	Copy of Birth Cert/Passport must be attached <b>YES/NO</b>
<b>Ethnic group identifies with</b> (you may identify with more than one – please rank 1, 2, 3) NZ European <input type="checkbox"/> NZ Maori <input type="checkbox"/> Other (please identify):		
<b>For students of Maori Decent</b> , please enter the name(s) of his/her iwi. You may enter more than one iwi. If you do not know the iwi, please enter 'Don't Know'. 1: _____ 2: _____ 3: _____		

<b>CAREGIVER 1 DETAILS:</b> Relationship to Student:		
Surname:	First Name:	Home Phone:
Address:		Mobile No:
Email address:		Lives with: <b>YES/NO</b>
Occupation:		Work Phone:

<b>CAREGIVER 2 DETAILS:</b> Relationship to Student:		
Surname:	First Name:	Home Phone:
Address:		Mobile No:
Email address:		Lives with: <b>YES/NO</b>
Occupation:		Work Phone:

Previous School:	Year Level: Y1 Y2 Y3 Y4 Y5 Y6
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<b>EMERGENCY CONTACT #1</b>		<b>EMERGENCY CONTACT #2</b>	
Name:		Name:	
Ph:	Mobile:	Ph:	Mobile:

**EARLY CHILDHOOD EDUCATION (New Entrants only – 5 years)**  
**Please indicate (tick) category of early childhood and hours attended for each!**

Kohanga Reo		
Playcentre		
Kindergarten		
Home based service		
Playgroup		
The Correspondence School		
Attended, but only outside New Zealand		
Attended, but don't know what type of service		
Did not attend		

**HEALTH DETAILS**

Doctor:	Phone:
Consent for child to see Public Health Nurse: YES/NO	OK to give Pamol? YES/NO
Has your child had a B4 School Check? YES/NO	Immunisation Cert. attached? YES/NO
Are there any health problems we should be aware of? (eg: allergies, asthma, diabetes, epilepsy, hay fever, sight, hearing, speech, medication)	

**ACCESS ARRANGEMENTS**

In the case of separation or divorce, please provide an address for reports, newsletters and Board of Trustees election material that will be sent to the parent who does not have fulltime care.

Name:.....

Address:.....

Please state the name of any person that has legal restraints against their access to this child. Please provide relevant documentation and if possible a photograph. Please ensure that the school is kept up to date with any changes in the legal orders.

Name:.....

**FUTURE ENROLMENTS:** (Please provide names and DOB for any members of your family likely to be attending in the future)

Full Name: ..... DOB: .....

Full Name: ..... DOB: .....

## AGREEMENT AND CONFIRMATION

- **Policies and Procedures:** I agree to comply with School Policies and procedures in all matters concerning the School. I appreciate that the Board of Trustees reserves the right to alter both policies and procedures.
- **Payment of School Activities and Events:** I understand that certain school activities/events incur a charge and agree to meet these requirements. I understand that if there are any concerns regarding payment I will be in contact with the school.
- **School Property:** I agree to treat with care, respect and follow relevant school procedures for all school property that goes home including school shirts, library books, reading books etc. Damage may incur a recovery cost.
- **Headlice:** I give consent for my child to be regularly checked for head lice or eggs. If found I commit to treating my child at home as soon as possible to eliminate the transfer of lice to other children.
- **Medical Needs:** I give consent for basic first aid to be administered to my child in the event of minor injuries.

I give consent for medical treatment by a qualified medical practitioner if an emergency should occur at a time when my consent to the particular treatment cannot otherwise reasonably be obtained.

- **Environment Learning Outside the Classroom:** I give consent for my child to participate in offsite day trips and programmes of learning, within his or her normal classroom time allocation and approved by the principal eg. Sports trips, learning activities, cross country, educational visits.
  - I authorize the obtaining on my behalf of any medical assistance if necessary, and agree to meet any costs incurred.
  - I agree that my child should participate in low risk activities required by staff.
  - I understand the school will not be held responsible for loss or damage to personal property.
  - Should my child be involved in a serious breach of discipline, I accept that I will be contacted to collect them immediately.
  - I agree that my child can be transported in a private vehicle (warranted and registered with seatbelts) driven by a staff member or parent with a current drivers licence.

- **Sharing of Information and Contact Details with Health Professionals:** I understand that information will be shared with relevant Health Professionals (eg. Public Health Nurse, Dental Therapist).
- **Photographs/Publishing:** I understand that from time to time the school takes photographs of pupils to record activities with the school for the pupils' publishing books, for the school newsletter/web site and for the use in articles in community publications eg. Tangihua Times, local newspapers etc.

**Please advise the school if you have any concerns about publication of your child's photos.**

- **Transfer/Sharing of information with Educational Professionals:** I understand that the information on this form is collected and used by the school in educating your child, and 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 with the school. I understand that the school is sometimes obliged by law to give information to Government Departments (eg. Ministry of Education and Ministry of Health) but it will not otherwise be disclosed without my authorisation.

***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.***

**Name:** .....

**(Parent/Guardian)**

**Signed:** .....

**Date:**    /    /