OTAMARAKAU SCHOOL - Enrolment Form

STUDENT INFORMATION				
Legal family name:		Passport/Birth Certificate Number:		
Legal first name:		Ethnic Group:	1	
Preferred name:			2	
Address:			3	
		If Maori, Iwi:	1	
			2	
			3	
Post code:		☐ NZ Citizen		
Phone:		☐ NZ Resident		
Date of Birth:	Male / Female	Country of Birth:		
Date first started schooling:		Date of Entry to NZ:		
Previous NZ School:		Language spoken at home:		
		Student Visa Expiry Date:		
Future family members likely to attend school:		Custody Issues:		
(Name and date of birth please)				
		Intended start date:		
PARENT/CAREGIVER DETAILS				
Relationship to child:		Relationship to child:		
Title:		Title:		
Surname:		Surname:		
First name:		First name:		
Address:		Address:		
Home phone:		Home phone:		
Mobile:		Mobile		
Work phone:		Work phone:		
Email:		Email:		
Country of birth:		Country of birth:		
EMERGENCY CONTACTS				
Relationship to child:		Relationship to child:		
Title:		Title:		
Surname:		Surname:		
First name:		First name:		
Home phone:		Home phone:		
Mobile:		Mobile:		
Work phone:		Work phone:		
BEHAVIOUR/LEARNING/SPEECH NEEDS				

EARLY CHILDHOOD PARTICIPATION (New entrants only need to complete)	
Has your child attended Early childhood education:	Yes for the last ..... years / NO
Did they attend only occasionally on a casual basis:	YES / NO
In the last 6 months did your child attend any of the following on a regular basis (Please tick)	
☐ Kohanga Reo	☐ Correspondence school
☐ Play Centre	☐ Attended, but only outside New Zealand
☐ Kindergarten or Education & Care centre	☐ Attended, but don't know what type
☐ Home Based service	☐ Did not attend
☐ Playgroup	
MEDICAL INFORMATION	
Family doctor:	Immunised to 5 years? YES / NO
Medical practice:	(Please attach an immunisation certificate)
Does your child suffer from any of the following:	
☐ Asthma = ☐ Mild ☐ Medium ☐ Severe	☐ Hepatitis B
☐ ADHD / ADD	☐ Past head injury
☐ Bee stings	☐ Rheumatic fever
☐ Diabetes	☐ Hearing loss
☐ Epilepsy	☐ Impaired vision
☐ Food allergies	☐ Eczema
☐ Seizures	☐ Other medical condition
If you ticked any of the above please provide more details below and include medication required:	

☐ I request a staff member to assume responsibility for the administration of medication as detailed above, to the above named child. I have provided the medication in it's original container which includes the child's name. In requesting this service, I undertake not to hold the staff responsible for any misadventure as a result of administering the medication as specified.

Type of Medication:	Dose:	Day:	Time(s):

PASTORAL NOTES
Please include any other information you'd like to share about your child or any of the contacts. This could include Postal address if this differs from the physical address, religion, talents, interests, siblings who might attend the school in the future, living arrangements, times contacts are avaliable, court order details, or elboration on details completed on this form.

Continued on next page..

PASTORAL NOTES CONTINUED

CONSENTS
Please tick the consents that you agree with for your child.
☐ Sudden injury/illness - I give permission for the school to make decisions in case of sudden injury or illness of my child.
☐ EOTC - Education outside the classroom, I give permission for my child to join in class trips that arise as part of the classroom programme. This is for trips in school time. Individual permission will be sought for overnight trips and excursions in high-risk situations.
☐ Panadol/Pamol - I give permission for the school to administer Panadol/Pamol to my child without needing to contact me first.
☐ Publication of Original works - I give permission for the school to publish original works of my child in any school publications (website, Facebook, newsletters, seesaw, print media etc) along with my child's first name, class and age.
☐ Publication of Photo - I give permission for the school to publish any photo's of my child, along with their first name, age and class in any school publication (website, Facebook, newsletters, seesaw, media print etc). ☐ Please check with me first before using my child's photo
☐ Child's record for Subsequent Schools - I give permission for my child's records to be passed on to subsequent schools if requested.
☐ Polices and Procedures - I agree to abide by all of the Board of Trustee Policies and support the school Code of Conduct and Disicipline Procedures.
☐ Internet - I give permission for my child to use the internet and email under supervision whilst at school.
☐ To the best of my knowledge the information I have provided is correct and may be used for school based activities and passed on to agencies who work within the school.
All information in these forms is confidential under the guidelines of the School's Privacy Policy.
Signature of Parent/Caregiver: _____ Date: _____

DOCUMENT CHECK	
Please include copies of the following documents. The school can photocopy these for you.	
☐ Birth certificate or Passport	
☐ Immunisation certificate (Avaliable from your Doctor or your Well Child book). Only required if your child has been immunised. Please note we are required by the Health (Immunisation) Regulations Act 1995 to keep a record of every child's immunisation status.	
I've included the following signed agreements:	
☐ ICT Agreement - student	☐ Bus Agreement
☐ ICT Agreement - parent	☐ Shuttle Agreement

OFFICE USE ONLY	
NSN:	Enrol No:
Year:	Date of Entry:
Teacher:	House:
Room:	