



# Otamarakau School - Enrolment Form

Please answer every question on this form unless it specifies that it is optional or it is N/A

## STUDENT INFORMATION

Legal First Name:

Legal Middle Name(s):

Legal Last Name:

Preferred First & Last Name:

Date of Birth:

Gender:

Passport/Birth Certificate Number:

Please bring in these 2 ID Documents

Ethnic Group(s):

If Maori, Iwi:

NZ Citizen

NZ Resident

Country of Birth:

Date of Entry to NZ:

Language spoken at home:

Student Visa Expiry Date:

Please bring in Student Visa Documents (if international student)

Intended Start Date:

Date first started schooling:

Previous NZ School:

Future family members likely to attend school - Name & D.O.B:

## ADDRESS:

Street Name & Number:

Suburb:

City:

Postcode:

## PARENT/CAREGIVER DETAILS

Relationship to Child:

First Name:

Surname:

Address:

Street Name & Number:

Suburb:

City:

Postcode:

Home Phone:
Mobile:
Work Phone:
Email:
Occupation:
Relationship to Child:
First Name:
Surname:
Address:
Street Name & Number:
Suburb:
City:
Postcode:
Home Phone:
Mobile:
Work Phone:
Email:
Occupation:
Custody Issues:
<b>EMERGENCY CONTACTS</b>
Relationship to Child:
First Name:
Surname:
Home Phone:
Mobile:
Work Phone:
Relationship to Child:
First Name:
Surname:
Home Phone:
Mobile:
Work Phone:
<b>BEHAVIOUR/LEARNING/SPEECH NEEDS</b>
<b>EARLY CHILDHOOD PARTICIPATION (Only new entrants need to complete)</b>

Has your child attended Early childhood education:			
How many years have they attended:			
Did they attend on a regular basis or a casual basis:			
In the last 6 months did your child attend any of the following:			
Please tick 1 option			
<input type="checkbox"/>	Kohanga Reo	<input type="checkbox"/>	Correspondence school
<input type="checkbox"/>	Play Centre	<input type="checkbox"/>	Attended, but only outside New Zealand
<input type="checkbox"/>	Kindergarten or Education & Care centre	<input type="checkbox"/>	Attended, but don't know what type
<input type="checkbox"/>	Home Based service	<input type="checkbox"/>	Did not attend
<input type="checkbox"/>	Playgroup		
<b>MEDICAL INFORMATION</b>			
Family Doctor/GP:			
Medical Centre:			
Immunised to 5 years:			
Please bring in immunisation certificate/book			
Does your child suffer from any of the following:			
<input type="checkbox"/>	Asthma - Is it Mild, Medium or Severe	<input type="checkbox"/>	Hepatitis B
<input type="checkbox"/>	ADHD/ADD	<input type="checkbox"/>	Past Head Injury
<input type="checkbox"/>	Bee Stings	<input type="checkbox"/>	Rheumatic Fever
<input type="checkbox"/>	Diabetes	<input type="checkbox"/>	Hearing Loss
<input type="checkbox"/>	Epilepsy	<input type="checkbox"/>	Impaired Vision
<input type="checkbox"/>	Food Allergies	<input type="checkbox"/>	Eczema
<input type="checkbox"/>	Seizures	<input type="checkbox"/>	Other Medical Condition
If you ticked any of the above, please provide more details below and include medication required:			
<input type="checkbox"/>	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 its' 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):
<b>PASTORAL NOTES</b>			

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 available, court order details, or elaboration on details completed on this form.


**CONSENTS**

Please tick the consents that you agree with for your child

Act in Accident or Illness

In the event of an accident or sudden illness, I/we authorise the staff of Otamarakau School to obtain such medical assistance as may be necessary when I/we cannot be contacted. I/we agree to meet any cost incurred for the treatment or transportation of my child to receive medical attention.

Pain Relief Consent

I/we give permission for staff at Otamarakau School to administer pain relief or other medication as listed on this child's records, if required.

Vision & Hearing Testing Consent

I/we give permission for this child to undergo vision and hearing testing.

Health Professional Consent

I/we give permission for this child to be seen by a School Health Professional or Dental Nurse.

Internet Usage Consent

I/We give consent for this child to be given access at school to computers, the Internet and other communication technologies

EOTC Trip Consent

I/We give consent for this child to participate in local walking trips/visits or trips that may arise as part of the classroom program without my prior knowledge? ( Individual permission will be sought for overnight trips and excursions in high-risk situations.

Photo Usage Consent

I/we give permission for this child's photo to be taken whilst participating in school activities. Photos may be used for the schools newsletters, website and school social media apps.

Please check with me first before using my childs photo

Publication of original work

I/we give permission for the school to publish original work of my child in any school publications along

Child's record for Subsequent Schools

I/we give permission for my child's records to be passed on to subsequent schools if requested

Policies & Procedures

I/we agree to abide by all of the Board of Trustee Policies and support the school Code of Conduct and discipline procedures

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**

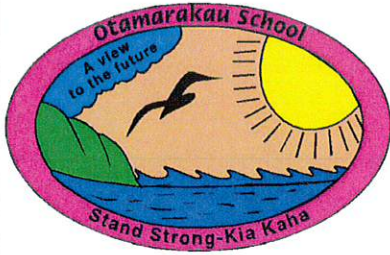
- Birth Certificate or Passport (Bring in passport aswell if NZ is not your child's country of citizenship)
- Immunisation certificate ( Available from your doctor or your Well Child book). Only required if your
- child has been immunised. Please note we are required by the Health (Immunisation) Regulations Act
- 1995 to keep a record of every child's immunisation status.

**Please have included the following signed agreements:**

- |  |  |
|--|--|
| <input type="checkbox"/> ICT Agreement - Student | <input type="checkbox"/> Bus Agreement     |
| <input type="checkbox"/> ICT Agreement - Parent  | <input type="checkbox"/> Shuttle Agreement |

**OFFICE USE ONLY**

NSN:	Enrol No:
Year:	Date of Entry:
Teacher:	House:
Room:	



# Otamarakau School

2216 Old Coach Road  
R D 6 Te Puke 3186  
www.otamarakau.school.nz  
email : office@otamarakau.school.nz

Telephone / Fax:  
(07) 5333 783

Welcome to Otamarakau School!

Please complete the following forms, including the ICT and bus forms (even if you don't intend on sending your child to school on the bus, this also covers any school trips requiring bus transport).

Please also supply a copy of the following:

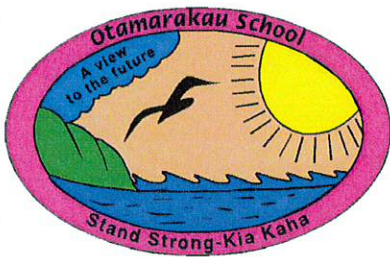
- Child's birth certificate or passport
- Immunisation certificate (if they have been immunised).

We can take copies of originals if you require.

Any questions, please contact us on [office@otamarakau.school.nz](mailto:office@otamarakau.school.nz) or 07 5333 783.

Kind regards

Aneta Smith  
Tumuaki/Principal



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## ICT Parent Declaration

I understand that our school is supporting students as they learn the skills required to become successful digital citizens. Our school defines a digital citizen as someone who;

- is a confident and capable user of ICT
- uses technologies to participate in educational, cultural, and economic activities
- uses and develops critical thinking skills in cyberspace
- is literate in the language, symbols, and texts of digital technologies
- is aware of ICT challenges and can manage them effectively
- uses ICT to relate to others in positive, meaningful ways
- demonstrates honesty and integrity in their use of ICT
- respects the concepts of privacy and freedom of speech in a digital world
- contributes and actively promotes the values of digital citizenship

I understand that our school has a policy and associated procedures\* which outlines the schools digital citizenship approach and how this supports teaching and learning.

\*These documents are available on the School Docs site.

I understand that the school provides access to the internet and other communications technologies because it believes that they enhance the teaching and learning process.

I understand that the school encourages responsible behaviour by students when using technology to help protect themselves and each other from experiencing harm online. I am aware that this "Responsible Use Agreement" is part of that, and that it encourages students to consider how their actions can affect themselves and those around them.

I have read the student declaration and have talked with my child about what it means to them. I am happy that my child understands what this means, and that they are capable of working within the guidelines.

I am aware that students can experience challenges when using technology, but that the school makes every effort to support students to manage those challenges effectively. I understand that by learning to deal with them in a safe environment with the appropriate support they will be better prepared to deal with those challenges in the future.

If I have questions or concerns about the way in which technology is being used by my child at school, I know the school is happy to discuss this with me, and I am aware that I am welcome to do this at any time.

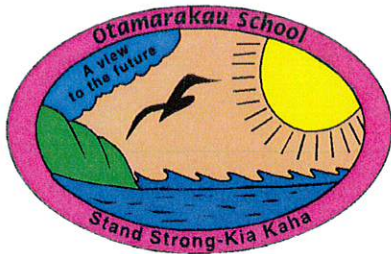
Signed .....

Name .....

Date ...../...../.....

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## ICT Responsible Use Agreement

When using information & communications technologies (ICT) at Otamarakau School I will always be a good digital citizen. This means that I;

Will be a confident and capable user of ICT.

I know what I do and do not understand about the technologies that I use. I will get help where I need it.

Will use ICT for learning as well as other activities.

I understand that technology can help me to learn. I also know it can also be used to talk to people, to buy and sell things and to have my opinion heard. I know when and where it is OK to do each one.

Will think carefully about whether the information I see online is true.

I know that it is easy to put information online. This means that what I see is not always right. I will always check to make sure information is real before I use it.

Will be able to speak the language of digital technologies.

When people talk online the things they say can be quite different from a conversation they might have if they were sitting next to each other. I know that I must try to understand what people are saying before I react to them. If I am not sure, I can ask them or someone else to explain.

Understand that I may experience problems when I use technology but that I will learn to deal with them.

I understand that there will be times when technology may not work as I expected it to, or that people may be mean or unkind to me online. When these things happen, I know that there are ways I can deal with it. I also know there are people I can go to, to get help if I don't know what to do next.

Will always use ICT to communicate with others in positive, meaningful ways.

I will always talk politely and with respect to people online. I know that it is possible to bully or hurt people with what I say and do on the internet. I will think about the effect that my actions have on other people.

Will be honest and fair in all of my actions using ICT.

I will never do anything online that I know will hurt anyone. I will make sure what I do is not against the law. I will make sure that my actions don't break the rules of the websites that I use. When I am not sure about what I am doing I will ask for help.

Will always respect people's privacy and freedom of speech online.

I understand that some information is private. I will be careful when using full names, birthdays, addresses and photos of other people and of my own. I also know that I will not always agree with what people say online but that does not mean that I can stop them or use it as an excuse to be unkind to them.

Will help others to become a better digital citizen.

Being a good digital citizen is something that we all have to work at. If I know that my friends are having problems online, I will try to help them. If I see that someone is being unfairly treated online then I will speak up rather than just watch it happen.

**Student Declaration**

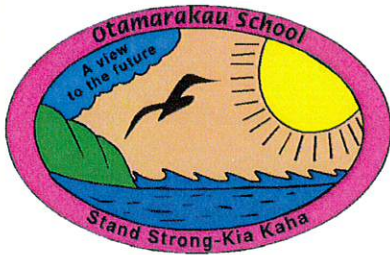
I understand that these guidelines for responsible use are to be followed when using any technology whilst at school or whilst on any school activity. I am aware that this may include the use of a device that the school does not own.

I understand that if I breach this responsible use agreement, I may lose access to school ICT services including the use of the internet, on school owned devices or any personally owned device used at school.

**Signed** .....

**Name** .....

**Date** ...../...../.....



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## Bus Agreement

The bus is a free service provided by Te Puke Schools Bus Group for your child \_\_\_\_\_

The use of the bus is a privilege and is **not** a right by virtue of attending the school.

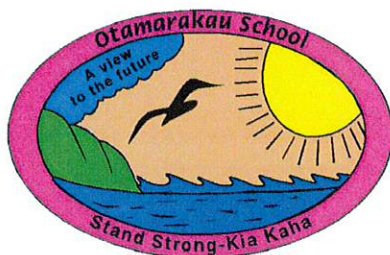
For your child to use this free service you and your child must agree to the following...

1. Your child will sit in the bus and remain seated for the entirety of each journey (unless instructed to stand by an adult).
2. School rules apply on the shuttle thus your child is expected to use appropriate behaviour throughout each journey.
3. Your child will show respect and use manners when dealing with the bus driver.
4. Your child will respect the bus and think of it as school property.
5. Children over the age of 12 will wear a face covering, when required by law, in the event of pandemic.

Failure by you or your child to abide by these rules may result in temporary or permanent loss of privilege to use the bus.

Signed: Parent \_\_\_\_\_ Date: \_\_\_\_\_

Signed: Child \_\_\_\_\_ Date \_\_\_\_\_



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## Shuttle Agreement

The shuttle is now a paid service provided by Otamarakau School for your  
child/children \_\_\_\_\_.

The use of the shuttle is a privilege provided by Otamarakau School and its use is not a right by virtue of coming to the school. Places on the shuttle are in high demand and a waiting list has been created.

**A weekly payment of \$10 per child or \$15 per family is required to secure a seat. Invoices will be issued at the beginning of each term and payments can be made throughout that term. This cost will be reviewed after Term 1 2024. By signing this form you are agreeing to pay these costs.**

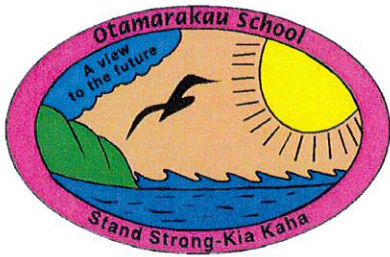
For your child to use this service you and your child must agree to the following...

1. Your child will sit in the shuttle and remain seated for the entirety of each journey.
2. Your child will use a seat belt correctly throughout each journey.
3. If required by law, you will provide a booster seat for your child and your child will use it for the entirety of each journey.
4. School rules apply on the shuttle thus your child is expected to use appropriate behaviour throughout each journey.
5. Your child will show respect and use manners when dealing with the shuttle driver.
6. Your child will respect the shuttle as school property including refraining from eating on the shuttle.

Failure by you or your child to abide by these rules may result in temporary or permanent loss of privilege to use the shuttle.

Signed: Parent \_\_\_\_\_ Date: \_\_\_\_\_

Signed: Child \_\_\_\_\_ Date \_\_\_\_\_



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## E.O.T.C Permission

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

Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Relationship to child \_\_\_\_\_

Date: \_\_\_/\_\_\_/\_\_\_