

Pupil Enrolment Form

Student's Personal Details

Student's Name: _____
(Surname) (First Name)

Preferred Name: _____

Date of Birth: _____ Gender Male / Female Current Year Level _____

Name Of Previous School _____ Year Level NE 1 2 3 4 5 6 7 8

Early Childhood Education

Name of Centre _____ Number of hours per week _____ Number of Years _____

Name of Centre _____ Number of hours per week _____ Number of Years _____

Student's Home Address

Rapid Number: _____ Street Name: _____

RD Number: _____ City _____ Postal Code _____

Student Lives With: (Please circle.) *Both parents, Mother, Father, Grandparents, Legal Guardian, Other* _____

Special Family Notes and Sensitive Information (Custody / Access Arrangement): Please include any special conditions / considerations that the school should be aware of, e.g. details of access/custody.

Court Order Issued For Custody Arrangement : Yes No NA

Caregiver

Relationship to child: _____

Name: _____
Mrs/Ms/Miss/Mr
(First Name) (Family Name)

Address: _____

Home Telephone: _____

Cell Phone: _____

Email Address: _____

Occupation: _____

Work Place: _____

Work Phone: _____

Living with Student: Yes/No

Caregiver

Relationship to child: _____

Name: _____
Mrs/Ms/Miss/Mr
(First Name) (Family Name)

Address: _____

Home Telephone: _____

Cell Phone: _____

Email Address: _____

Occupation: _____

Work Place: _____

Work Phone: _____

Living with Student: Yes/No

Emergency Contact (1st): _____
(Name)

Relationship to child _____
e.g Grandparent/Aunty/Friend/Neighbour

Emergency Contact Tel: Home: _____ Work: _____ Cell: _____

Emergency Contact (2nd): _____
(Name)

Relationship to child _____
e.g Grandparent/Aunty/Friend/Neighbour

Emergency Contact Tel: Home: _____ Work: _____ Cell: _____

Language

First Language-(if other than English) _____

Ethnicity (Cultural identification with a particular ethnic group. Dual ethnicity may be selected.)

NZ European / NZ Maori / Other _____

Iwi 1/ _____ Iwi 2/ _____ Iwi 3/ _____

Country of Citizenship: _____

Eligibility: (Please circle) **NZ Citizen / NZ Resident / Australian Citizen / Holder of Limited Purpose Permit/International Fee Paying**

Medical Information

Doctor: _____ Telephone: _____ Dentist: _____ Telephone: _____

Please describe any health conditions your child has: _____

Please describe the treatment for this health condition: _____

Please describe the treatment and actions to be taken by the school: _____

Name of Medication: _____ How Much _____ How Often _____

Will this medication be kept in the *school office* or *with your child*? (Please circle)

I/We acknowledge that

1. The school has the right to refuse to administer drugs/medicine as above.
2. The staff and Board of Trustees will not be held liable for any adverse effects suffered by the child from the taking of drugs or medicines in the approved manner as stated by the parent/caregiver.
3. It is the parent's responsibility to talk with the family doctor about their child's medical condition. Should any of the above details change it is the parent's responsibility to inform the school

Immunisation:

Is your child fully/partly immunised? (Please circle). If immunised please provide if possible, a copy of his/her immunisation certificate.

Permissions and Consent Details

- | | | |
|---|-----|----|
| 1. I give permission for my child to be involved in day trips relating to the School Curriculum e.g. day class trips, Library visits, Sports events etc. | Yes | No |
| 2. I give permission for images of my child and their first name to be included in promotional material. E.g. Website, Newsletter, Other Media, Displayed around the school | Yes | No |
| 3. I give permission for the school staff to administer Panadol to my child for fever and pain relief. | Yes | No |
| 4. In the event of sickness or accident and I am not able to be contacted I give permission for the school to contact a doctor or send my child to hospital if it is serious. | Yes | No |
| 5. I have read the Cybersafety User Agreement and I am aware of the school's initiatives to maintain a Cybersafe learning environment. I give permission for my child to use the computers and access the internet etc. | Yes | No |
| 6. I have read and discussed the Bus Code of Conduct with my child and my child agrees to abide by the conditions outlined. | Yes | No |

Privacy Information

- | | | |
|---|-----|----|
| 1. I agree to Patoka School collecting information relating to my child's education. | Yes | No |
| 2. I agree to Patoka School requesting child's current records from their previous school. | Yes | No |
| 3. I agree to Patoka School sending my child's records to another school should my child leave. | Yes | No |
| | Yes | No |

This information may be shared with Health, and other education agencies, if they are involved, to further assist the learner.

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 upon request at the school. The information collected may be disclosed to appropriate education, health and welfare authorities, and for data-gathering purposes 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 agencies unless disclosure is authorized or required by law.

SIGNED: Mother/Guardian _____ (Print Name) _____ Date _____

SIGNED: Father/Guardian _____ (Print Name) _____ Date _____