



**(Office Use Only)**

Start Date: \_\_\_\_\_

NSN Number: \_\_\_\_\_

Enrolment Number: \_\_\_\_\_

Room No: \_\_\_\_\_ Yr: \_\_\_\_\_

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# Student Enrolment Form

*(please print clearly)*

## Student Details

First Names: \_\_\_\_\_ Preferred First Name: \_\_\_\_\_

Last Name: \_\_\_\_\_ Preferred Last Name: \_\_\_\_\_

Country of Birth: \_\_\_\_\_ Date of Entry to NZ *(if born overseas)*: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Gender: Male  Female  *(tick one)*

Student Home Address: \_\_\_\_\_  
\_\_\_\_\_ Postcode: \_\_\_\_\_

Previous NZ School: \_\_\_\_\_

Student lives with: *(tick one)*  Both parents *(at the same address)*  Mother only  Father only  
 Both parents *(shared care)*  Other \_\_\_\_\_

Custody Arrangements/Access Restrictions:  Yes  No *(if yes, please attach)*

**Ethnicity:** This information is required by the Ministry of Education for statistical purposes *(up to three)*

1: \_\_\_\_\_ 2: \_\_\_\_\_ 3: \_\_\_\_\_

NZ Māori Iwi/Tribe: *(up to three)*

1: \_\_\_\_\_ 2: \_\_\_\_\_ 3: \_\_\_\_\_

**Languages:** Spoken languages *(if first language is not English)*

1: \_\_\_\_\_ 2: \_\_\_\_\_ 3: \_\_\_\_\_

First language: \_\_\_\_\_ Learning language: \_\_\_\_\_

## Student's Early Childhood Education

Did your child regularly attend an Early Childhood Education service?  Yes  No

\_\_\_\_\_ years / months / weeks *(please circle one)* \_\_\_\_\_ No. of hours per week

- Kohanga Reo  Playcentre  Home Based Service  Playgroup
- Kindergarten or Education and Care Centre  Other \_\_\_\_\_
- Not regularly, only occasionally

## Other Children at this School

Please list your other children at Papatoetoe South School to enable us to link siblings on our student system.

1. Full Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_
2. Full Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_
3. Full Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

## Younger Siblings

Please list your other child(ren) under the age of 5 who will be attending Papatoetoe South School.

1. First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_ Gender: Male  Female  *(tick one)*
2. First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_ Gender: Male  Female  *(tick one)*
3. First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_ Gender: Male  Female  *(tick one)*

**Parent/Guardian Contact Details**

**Primary Contact:**

Mr / Mrs / Miss / Ms (please circle one)

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Address: \_\_\_\_\_

Relationship to Student: (i.e. Mother, Father, etc) \_\_\_\_\_

Home Phone: \_\_\_\_\_ Mobile Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Country of Birth: \_\_\_\_\_

Email: \_\_\_\_\_

**Secondary Contact:**

Mr / Mrs / Miss / Ms (please circle one)

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Address: \_\_\_\_\_

Relationship to Student: (i.e. Mother, Father, etc) \_\_\_\_\_

Home Phone: \_\_\_\_\_ Mobile Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Country of Birth: \_\_\_\_\_

Email: \_\_\_\_\_

**Emergency Contact 1:**

Mr / Mrs / Miss / Ms (please circle one) (must be different to above)

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Address: \_\_\_\_\_

Relationship to Student: (i.e. Mother, Father, etc) \_\_\_\_\_

Home Phone: \_\_\_\_\_ Mobile Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_ First Language: \_\_\_\_\_

Email: \_\_\_\_\_

**Emergency Contact 2:**

Mr / Mrs / Miss / Ms (please circle one) (must be different to above)

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Address: \_\_\_\_\_

Relationship to Student: (i.e. Mother, Father, etc) \_\_\_\_\_

Home Phone: \_\_\_\_\_ Mobile Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_ First Language: \_\_\_\_\_

Email: \_\_\_\_\_

**Authorised People to pick up my child** (e.g. older sibling, family friend. NB: must be 18yrs+)

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

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

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

**Student Medical Information**

This information is required to help us care for your child in times of illness or an emergency. If you indicate a condition a copy of this form may be displayed in the student's classroom, and in sickbay, along with a photograph of the student.

Student's Full Name: \_\_\_\_\_

Doctor: \_\_\_\_\_ Doctor's Phone No: \_\_\_\_\_

Medical Practice Name and Address: \_\_\_\_\_

If the student has (or has ever had) any of the following conditions please tick. **If yes**, indicate severity and **state medication required**. This form is to authorise a delegated school staff member to give my child their medication.

Condition		Mild	Moderate	Severe	List details, medication required and provide supporting paperwork
Asthma	Yes / No	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Bee or Wasp Stings	Yes / No	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Allergies/Epipen	Yes / No	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Wears a Medic Alert	Yes / No				_____
Headaches/Migraine	Yes / No	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
ADHD or ADD <i>(circle which)</i>	Yes / No	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
ASD or Autism	Yes / No	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Diabetes	Yes / No	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Physical Disability	Yes / No	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Speech	Yes / No	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Vision Loss	Yes / No	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Glasses or Contact Lenses Yes / No <i>(circle which)</i>
Hearing Loss	Yes / No	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Hearing Aid Yes / No
Epilepsy	Yes / No	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
If YES, when was last seizure?		_____			
Other Medical Conditions: <i>(specify)</i>	Yes / No	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
_____		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
_____		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
_____		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____

Medication my child is currently taking (e.g. antibiotics), dosage, time to be taken:

\_\_\_\_\_  
\_\_\_\_\_

None of the above conditions apply to my child

**Students Own Medication**

All medications or drugs required for regular or emergency use are to be handed in to the school office. Medication must be provided in original pharmacy containers with the child's name and dosage instructions.

**Permission to Give Panadol**

Permission for Panadol to be given if required Yes / No *(please circle)*

If your child is given Panadol they will be given a note to take home, or you may be contacted if deemed necessary.

**Declaration**

I/We understand that the school does not have a Nurse or Registered Medical Practitioner to give medication; that the giving of the abovementioned medication will only be under the circumstances listed and according to the expressed written instructions given by the Parent/Guardian; that the school, in giving any medication, is acting responsibly and in the best interests of my child but is not responsible for any unforeseen circumstances.

Guardian/Parent's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## Permissions

I/We give Papatoetoe South School the following permissions: *(please circle) (child's full name and room number will be included)*

**School Trips and Visits:** we require approval for all school related trips and visits that will relate to your child while they are at Papatoetoe South School. Details of trips and visits will be sent home so that you are kept well informed. If you wish to discuss, or have any concerns about, a trip or visit, you are welcome to contact the school.

Yes / No permission for my child to participate in all trips and visits organised by the School in accordance with the School's Education Outside of the Classroom procedure.

**Use of Student Work and Photography:** our school uses a range of learning technologies to enhance student learning. From time to time we publish material for educational purposes. Our aims are to promote and share learning, to communicate general information within our school and beyond to our school community. This release form gives the School the right to select any appropriate student work or photography to publish. You have the right to withdraw your permission at any stage and the material will be removed.

Yes / No to display samples of student work and student photography in school displays.

Yes / No to digitally publish samples of student work and student photos/videos e.g. school website, Seesaw and in school publications e.g. newsletter.

**Milk in Schools Programme:** our school participates in this programme where students are given one UHT carton of milk per school day.

Yes / No Milk in Schools Programme

## Declaration

In terms of the Privacy Act, I understand that the information on this form is collected to form part of the essential information the school holds on my child. The records made from this information may be viewed on request at the school. I approve the forwarding on of this information when my child transfers to another school and in certain circumstances to other organisations such as, but not limited to, Ministry of Health, Vision & Hearing, Dental Service, Truancy Service, St John Ambulance.

I/We further approve of the forwarding of my child's name and address on request to a next school. I give permission for the school to sanction any required medical treatment and agree to abide by the Board of Trustees policies.

**Statement by the School:** Completion of this form does not guarantee enrolment in the school. Entitlement to enrol depends on the information provided being correct and valid on the date of entry.

**Statement by Parents/Caregivers:** I/We acknowledge that this information has been provided to enable the school to consider enrolment of my/our child. I/We:

- confirm that all information provided is true and correct in all instances.
- agree to remove my/our child from the school if his/her enrolment has been made on the basis of any misleading information.
- will immediately notify the school of any change of address or contact details.

**Primary Duty of Care Declaration (if applicable)** *(e.g. child living with grandparent)*

I confirm that I will have the primary duty of care and should therefore be the school's first contact in matters related to discipline and progress at school.

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

Relationship to Child: \_\_\_\_\_ Date: \_\_\_\_\_

## About Me and My Family/Whānau

To help us to learn a bit more about you and your whānau, we would really appreciate it if you could complete this page as part of your enrolment. It is entirely optional and please complete as much or as little as you want. This form will be shared with your child's classroom teacher.

My name is: \_\_\_\_\_

My birthday is: \_\_\_\_\_

I live with: \_\_\_\_\_

My pet/s name is/are: \_\_\_\_\_

I love/my strengths are: \_\_\_\_\_

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Three words that describe me are: \_\_\_\_\_

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My favourite memory is: \_\_\_\_\_

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Something special I would like you to know about me: \_\_\_\_\_

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Fun things I like to do after school or on weekends are: \_\_\_\_\_

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**Parent/Caregiver/Whānau**

We like to include our parents/caregivers/whānau in our school community in a variety of ways e.g. language weeks, specialist knowledge etc. If you have a skill(s) that you would like to share with us, please list this below:

Second Language \_\_\_\_\_

Cultural \_\_\_\_\_

Coach/Sport \_\_\_\_\_

Other \_\_\_\_\_

Days of the week I may be available: \_\_\_\_\_

Is there anything else you would like to share with your child's teacher: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

We have a process to pōwhiri all of our new students. This will take place on the Monday of the first week of term at 10am.

Thank you / Kia ora

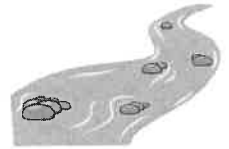
# Pepeha

Tēnā koutou katoa

Ko \_\_\_\_\_ tōku maunga



Ko \_\_\_\_\_ tōku awa/moana



Ko \_\_\_\_\_ tōku waka



Ko \_\_\_\_\_ tōku iwi

Ko \_\_\_\_\_ tōku hapū



Ko \_\_\_\_\_ tōku marae



Nō \_\_\_\_\_ ahau

Ko \_\_\_\_\_ tōku māmā

Ko \_\_\_\_\_ tōku pāpā

Ko Papatoetoe ki te Tonga tōku kura



Ko \_\_\_\_\_ tōku ingoa

Nō reira, tēnā koutou, tēnā koutou, tēnā tātou katoa.

