



**Enrolment Form**

**Childs Details:**

Surname: \_\_\_\_\_

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

Middle Name(s): \_\_\_\_\_

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

**Name your child is preferred by:**

Surname: \_\_\_\_\_ Given name: \_\_\_\_\_

Copy of official identity verification document\* collected by admin/staff:

- New Zealand birth certificate
- Foreign birth certificate
- New Zealand passport
- Foreign passport
- Other \_\_\_\_\_

Staff initials: \_\_\_\_\_

Child's date of birth: \_\_\_\_\_ Male  Female

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

Child's ethnic origin/s: _____ _____	Iwi your child belongs to: _____ _____	Language/s spoken at home: _____ _____
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Child's primary residential address: \_\_\_\_\_  
Post Code: \_\_\_\_\_

**Privacy Statement:**

*We are collecting personal information on this enrolment form for the purposes of providing primary school education for your child.*

*We will use and disclose your child's information only in accordance with the Privacy Act 1993. Under that Act you have the right to access and request correction of any personal information we hold about you or your child.*

*Details about your child's identity will be shared with the Ministry of Education so that it can allocate a national student number for your child. This unique identifier will be used for research, statistics, funding and the measurement of educational outcomes.*

*You can find more information about national student numbers at: [eli.education.govt.nz](http://eli.education.govt.nz)*

<b>Primary Contact</b>	<b>Emergency Contact</b>
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*(Only use Restricted access and Custody where custody is an issue. Please nominate one bill payer)*

<b>1. Given names:</b>	<b>2. Given names:</b>
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Surname / family name:	Surname / family name:
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Address:	Address:
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Post code:	Post code:
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Phone (Home):	Phone (Home):
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Phone: (Work):	Phone: (Work):
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Phone (Mobile):	Phone (Mobile):
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Email:	Email:
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Relationship to child:	Relationship to child:
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- Bill Payer  Restricted Access  Custody  
 Early Notification

<b>Category (iii) Medicines</b>
To be filled in if your child requires medication as part of an individual health plan, for example for an on-going condition such as asthma or eczema etc and is for the use of that child ONLY.
<b>For Staff:</b> Individual health plan sighted and a copy taken:

**Consents:** By ticking the boxes below you give your consent for your child to take part/ have in the below descriptions

	<b>Sudden Injury-</b> I give permission for the school to make decisions in case of sudden illness or injury of my child.
	<b>Panadol-</b> I give permission for the school administer Panadol to my child without needing to contact me first.
	<b>Community Health/ Dental Nurse-</b> I give permission for mu child to be assessed and treated by the School Dental Nurse, or any Community Health members.
	<b>Publication of Original Works-</b> I give permission for the School to publish original works of my child in any school publications, along with my child's name, class and age.
	<b>Publication of Photo-</b> I give permission for the School to publish any photos of my child, along with their name, age and class in any school publication. Alternatively, I give permission for the school to publish: <input type="checkbox"/> Photo only, no name <input type="checkbox"/> Photo and first name only
	<b>Class List-</b> I give permission for my child's name, phone, physical address, the name of my child's primary contact and other contact details to be recorded in a class list.
	<b>Future Schools-</b> I give permission for my child's name and contact details to be forwarded to potential intermediate or secondary schools.
	<b>Internet-</b> I give permission for my child to have supervised access to the internet while at school.
	<b>Outdoor Education-</b> I give permission for my child to partake in Outdoor Education by the school.

<b>Declaration</b>
I certify that the information enclosed in this enrolment form is true and correct. I agree to be bound by all school policies. The school agrees to take great care in keeping the information contained in this document private, except where legally required, or expressly allowed.
Name: _____
Signature: _____ Date: ____/____/____

<b>Document Check List-</b> Please include copies of the following documents
<input type="checkbox"/> <b>Verification of Identity</b>
<input type="checkbox"/> <b>Immunisation Certificate</b>
<input type="checkbox"/> <b>Proof of Address</b>

<b>Bus Information</b>	<i>Tick one</i>	<b>Y</b>	<b>N</b>
Will your child be catching the bus?			
What bus route will your child be travelling on?			
<p><b>*Bus Charges: \$75.00 per child per annum.</b>  <i>This bus charge will need to be paid before your child attends school. If the fee is not paid beforehand then unfortunately your child will not be allowed on the bus. This can be paid here at the Ashbrook School Office.</i></p>			

<b>Health and Disability</b>			
Illness/allergies:	Disability:	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Behaviour Issues:	ORRS Level:	Very High <input type="radio"/>	High <input type="radio"/>
		Non-ORRS <input type="radio"/>	
Is your child up to date with immunisations?	<i>Tick one</i>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
<i>(Please provide verification of all immunisation)</i>			
<b>For Staff:</b> Immunisation records sighted and details recorded:	<i>Tick one</i>	Yes <input type="checkbox"/>	No <input type="checkbox"/>

<b>Medicine</b>	
<b>Category (i) Medicines</b>	
<p><i>A Category (i) medicine is a non-prescription preparation (such as arnica cream, antiseptic liquid, insect bit treatment) that is not ingested, used for the 'first aid' treatment of minor injuries and provided by the service and kept in the first aid cabinet.</i></p> <p><i>Note: The service must provide specific information about the category (i) preparations that will be used.</i></p>	
Do you approve category (i) medicines to be used on your child?	<i>Tick one</i> Yes <input type="checkbox"/> No <input type="checkbox"/>
Name/s of specific category (i) medicines that can be used on my child, <b>Provided by Service:</b>	
•	•
•	•
Parent/Guardian Name: _____	Date: ____/____/____
Parent/Guardian Signature: _____	

<b>Category (ii) Medicines</b>	
<p><i>A category (ii) of medicines are prescriptions (such as antibiotics, eye/ear drops etc.) or non-prescription (such as paracetamol liquid, cough syrup etc.) medicine that is used for a specific period of time to treat a specific condition or symptom, provided by a parent for the use of that child only, or in relation to Rongoa Māori (Māori plant medicines), that is prepared by other adults at the service.</i></p> <p><i>I acknowledge that written authority from a parent is to be given at the beginning of each day a category (ii) medicine is to be administered, detailing what (name of medicine), how (method and dose), and when (time or specific symptoms/circumstances) medicine is to be given.</i></p>	
Parent/Guardian Name: _____	Date: ____/____/____
Parent/Guardian Signature: _____	

Additional person/s who can pick up your child:	
3. Given names:	4. Given names:
Surname / family name:	Surname / family name:
Address:	Address:
Post code:	Post code:
Phone (Home):	Phone (Home):
Phone: (Work):	Phone: (Work):
Phone (Mobile):	Phone (Mobile):
Email:	Email:
Relationship to child:	Relationship to child:

Custody Statement	
Are there any custodial arrangements concerning your child?	
If YES, please give details of any custodial arrangements or court orders <i>(a copy of any court order is required)</i>	
Person/s who <b>CANNOT</b> pick up your child:	
Name:	Name:
Name:	Name:
Additional Emergency Contacts (also able to pick up your child):	
1. Given names:	2. Given names:
Surname / family name:	Surname / family name:
Address:	Address:
Post code:	Post code:
Phone (Home):	Phone (Home):
Phone: (Work):	Phone: (Work):
Phone (Mobile):	Phone (Mobile):
Email:	Email:

Schooling information	
*Pre-school is only relevant if your child is entering this school at Year 1. If your child is a new entrant, put N/A under previous NZ school. If your child was last at a non-NZ school put 'overseas school'. First schooling date' is the date your child first attended primary school.	
Previous School(s):	
Present Year-Level:	
What ECE did your child attend and from what years they attended?	
Kindergarten	From: _____ To: _____
Kohanga Reo	From: _____ To: _____
Home Based	From: _____ To: _____
Playgroup	From: _____ To: _____
Pacific Is. ECE	From: _____ To: _____
Education & Care	From: _____ To: _____

Child's Doctor:	
Name:	Phone:
Name of Medical Centre:	