



ENROLMENT FORM

Papatewhai - Ashbrook School

RICH in values and attitude

150 Wellington Street, Opotiki. 027 395 5429

Child Details

First Name(s):

Last Name:

Address:

Date of Birth:

Male/Female *(Please circle)*

Ethnicity:

Iwi:

Language(s) spoken at home:

Primary Contact

Name:

Address:

Home phone:

Mobile phone:

Work phone:

Email:

Relationship to child:

Emergency Contact

Name:

Address:

Home phone:

Mobile phone:

Work phone:

Email:

Relationship to child:

Permission to pick up child

Name:

Address:

Home phone:

Mobile phone:

Work phone:

Email:

Relationship to child:

Permission to pick up child

Name:

Address:

Home phone:

Mobile phone:

Work phone:

Email:

Relationship to child:

Custody Statement

Are there any custodial arrangements concerning your child? **YES/NO** (please circle)

If **YES**, please provide details (a copy of any court order is required)

Person/s who CANNOT pick up your child

Name:

Why?

Schooling Information

Last school attended:

Current Year Level:

What ECE did your child attend? (please tick)

Kohanga Reo Years attended: _____

Kindergarten Years attended: _____

Home Based Years attended: _____

Playgroup Years attended: _____

Bus Information

Will your child be catching the bus? **YES/NO** (please circle)

What bus route will they be traveling on?

Medical Details

Medical Center:

Phone number:

Is your child up to date with immunisations? **YES/NO** (please circle)

Please provide verification of all immunisations

Health and Disabilities

Allergies/ Illnesses:

Does your child have any disability? **YES/NO** (please circle)

If YES, please give details

Behavioral Issues

Does your child have any previous behavioral issues we need to be made aware of? **YES/NO** (please circle)

If YES, please give details

Medicine Information

This information is required to ensure that the school can provide your child/ren with the right medical care.
(Antihistamine, bee sting ointment, Betadine etc)

Name of medication my child can take:

Do you approve medication to be given to your child? **YES/NO** (please circle)

School Interest

Please briefly explain to us why you have chosen to bring your child to our school?

Consent (please tick)

- Sudden Injury**- I give permission for the school to make decisions in case of sudden illness or injury of my child.
- Community Health/ Dental Nurse**- I give permission for my child to be assessed and treated by the School Dental Nurse, or any Community Health members.
- Publication of Original Works**- 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.
- Publication of Photo**- 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:
 - Photo only, no name
 - Photo and first name only
- Internet**- I give permission for my child to have supervised access to the internet while at school.
- Outdoor Education**- I give permission for my child to partake in Outdoor Education by the school.

Declaration

I certify that the information enclosed in this enrolment form is true and correct. 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: