



AORANGI PUPIL ENROLMENT FORM

PUPIL



| | | | |
|--|-------------------------------------|---|------------|
| Legal Family Name (as per birth certificate): | Boy / Girl (Please circle) | Birth Date: / / | Year Level |
| Legal First Names (as per birth certificate): | Place of birth: | Previous School: | |
| Preferred Full Name (If different from birth certificate): | Names of Legal Guardians: | Number of Schools Previously Attended: | |
| Address where pupil lives: | Place in Family / | Ethnicity (up to three): | |
| Eldest child at this school: | Birth Certificate Supplied Y / N | Iwi (up to three): | |
| Family Email Address: | Welcome Pack Given Y / N | Do you (or any members of your whanau) affiliate to Ngati Whakaue? YES / NO | |

PARENT / CAREGIVER

| <u>Main Parent/Caregiver.</u> (To be contacted for absences or emergencies) | <u>Other Main Parent / Caregiver</u> (2 nd contact in case of emergency) | <u>Extra contact</u> (3 rd contact in case of emergency) |
|--|--|--|
| Full Name: | Full Name: | Full Name: |
| Title (Mr, Ms, Mrs, Miss): | Title (Mr, Ms, Mrs, Miss): | Title (Mr, Ms, Mrs, Miss): |
| Address: | Address: | Address: |
| Relationship to child: | Relationship to child: | Relationship to child: |
| Home phone: | Home phone: | Home phone: |
| Cellular phone: | Cellular phone: | Cellular phone: |
| Work place & phone: | Work place & phone: | Work place & phone: |

PERMISSION

| | |
|---|----------|
| I give permission for my child to be involved in class trips within the Rotorua city boundary <small>(Separate permission must be obtained for transport in private vehicles).</small> | YES / NO |
| To have their name/work/picture published in the school newsletter <small>(Newsletters are also viewable on our school website in PDF form)</small> | YES / NO |
| To have their work/picture on the school Website <small>(No individual photos, just group photos with no children named, and photos with children in the background.)</small> | YES / NO |
| To participate in the Fruit in Schools Programme | YES / NO |
| To participate in the Milk in Schools Programme | YES / NO |
| To allow my child's throat to be swabbed as part of the Rheumatic Fever Programme | YES / NO |

OPT IN

| | |
|---|----------|
| To participate in the bible-in-schools programme. <small>(Please ask for further explanation on this.)</small> | YES / NO |
|---|----------|

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 on request at the school. 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 agency unless such disclosure is authorised or required by law.
PARENT APPROVALS: I agree that the school will take action on my behalf in case of sudden illness or injury. I agree to abide by school policies. I agree that the school may forward my child's name and address to a potential intermediate or secondary school.

Signature of Parent / Caregiver _____ **Date:** ____ / ____ / ____

MEDICAL INFORMATION

| | | | | |
|--|---|--|--|---|
| Doctor: | Permission to contact doctor if necessary? Y / N | Immunisation Certificate Supplied Y / N Fully Immunised Y / N | Does your child have any allergies? – Please list: | I consent to my child's vision and hearing being tested. Y / N |
| Public Health Nurse: The Public Health Nurse (PHN) is a community nurse funded by the Ministry of Health. The PHN visits our school and can do home visits also. | Permission for school to contact the Public Health Nurse if there are any minor Health Concerns from school. Y / N | Permission for the Public Health Nurse to contact Parent/Caregiver if required. Y / N | | |
| Medical History Has your child ever had: (Tick if applicable) | | | | |
| Asthma / Wheeze | Bleeding condition | Diabetes | Rheumatic Fever | Hepatitis |
| H I V / Aids | Heart Condition | Epilepsy | Frequent coughs / Colds | Hearing Problems |
| Speech Language | Wetting / Bedwetting / Soiling | Earache / Ear infection | Eyes / eyesight | Behaviour |
| Clumsiness | Skin / Hair Problems | Running ears | Disabilities | Eating |
| Turns / Fits | Heart Conditions | Vision concern (Glasses?) | Hearing Concern | Other |
| Please note any medications your child is currently on and whether or not your child requires this medication during school time. (For medications administered at school please ask for "Consent to Administer Medication form from the school office.) | | | | |

CUSTODY / ACCESS ARRANGEMENTS

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|--|--------------------|
| Is there a Custody arrangement for your child? (Please provide details). | |
| Court order issued? Y / N / NA | Other information: |

PRIOR-PARTICIPATION IN EARLY CHILDHOOD EDUCATION

| <p>Did your child attend one or more Early childhood Education service(s) in the six months prior to starting school? Please complete the table below for the last service(s) attended.</p> <p>Please enter the number of hours per week for up to three services:</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th></th> <th>Service 1 (hrs/week)</th> <th>Service 2 (hrs/week)</th> <th>Service 3 (Hrs/week)</th> </tr> </thead> <tbody> <tr> <td>a. Kohanga Reo</td> <td></td> <td></td> <td></td> </tr> <tr> <td>b. Play-centre</td> <td></td> <td></td> <td></td> </tr> <tr> <td>c. Kindergarten or Education and Care Centre</td> <td></td> <td></td> <td></td> </tr> <tr> <td>d. Home based service</td> <td></td> <td></td> <td></td> </tr> <tr> <td>e. Playgroup</td> <td></td> <td></td> <td></td> </tr> <tr> <td>f. The Correspondence School – Te Aho o Te Kura Pounamu</td> <td></td> <td></td> <td></td> </tr> </tbody> </table> | | Service 1 (hrs/week) | Service 2 (hrs/week) | Service 3 (Hrs/week) | a. Kohanga Reo | | | | b. Play-centre | | | | c. Kindergarten or Education and Care Centre | | | | d. Home based service | | | | e. Playgroup | | | | f. The Correspondence School – Te Aho o Te Kura Pounamu | | | | <p style="text-align: center;">Please tick the appropriate box</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%;">g. Attended, but only outside New Zealand</td> <td style="width: 20%;"></td> </tr> <tr> <td>h. Attended, but don't know what type of service</td> <td></td> </tr> <tr> <td>i. Did not attend.</td> <td></td> </tr> <tr> <td>j. Unable to establish if attended or not.</td> <td></td> </tr> </table> | g. Attended, but only outside New Zealand | | h. Attended, but don't know what type of service | | i. Did not attend. | | j. Unable to establish if attended or not. | |
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| j. Unable to establish if attended or not. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <p>Did your child regularly attend Early Childhood Education? ("Regularly attend" means was booked in to a service for sessions each week/fortnight, and generally went to those sessions unless they were sick, or on holiday, or had a family occasion, etc.)</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 25%; text-align: center;">Please tick one</td> <td style="width: 25%; text-align: center;">Yes, for the last ____ year(s)</td> <td style="width: 25%; text-align: center;">Not regularly, only occasionally with no on-going schedule.</td> <td style="width: 25%; text-align: center;">No, did not attend Early Childhood Education.</td> </tr> </table> | | Please tick one | Yes, for the last ____ year(s) | Not regularly, only occasionally with no on-going schedule. | No, did not attend Early Childhood Education. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Please tick one | Yes, for the last ____ year(s) | Not regularly, only occasionally with no on-going schedule. | No, did not attend Early Childhood Education. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

FUTURE SIBLINGS

| For planning purposes please list your child's siblings who may attend our school in future. | | |
|--|----------------|---------------|
| Child's Name | Child's Gender | Date of Birth |
| | | |
| | | |

OFFICE USE ONLY

| | | | |
|--|-------------------|------------------|--------------|
| Number Of Previous Schools: | Year Level: | Date of Entry: | Academic: |
| Previous School: | Teacher: | Enrol Requested: | Attendance: |
| Records Requested: | Room: | Enrol Completed: | Behavioural: |
| Records Received: | Area: | NSN: | Custodial: |
| Date started any school: | Admission Number: | Personal: | Health: |
| List previous schools and their corresponding dates: | | | |