



ENROLMENT FORM

STUDENT DETAILS

First Name: _____ Middle Name: _____
 Surname: _____ Preferred Name: _____
 Gender: F/M DOB: _____ Current Year Level: _____ or New Entrant
 Student Address: _____ Postcode _____

PRIMARY CONTACTS

Relationship: _____ Title: Mrs / Ms / Miss / Mr / Dr (Circle)
 First Name: _____ Surname: _____
 Home Phone: _____ Mobile: _____
 Occupation: _____ Email: _____
 Address: *(If different from student)* _____

Relationship: _____ Title: Mrs / Ms / Miss / Mr / Dr (Circle)
 First Name: _____ Surname: _____
 Home Phone: _____ Mobile: _____
 Occupation: _____ Email: _____
 Address: *(If different from student)* _____

EMERGENCY CONTACTS

Relationship: _____ Title: Mrs / Ms / Miss / Mr / Dr (Circle)
 First Name: _____ Surname: _____
 Home Phone: _____ Mobile: _____
 Address: _____

Relationship: _____ Title: Mrs / Ms / Miss / Mr / Dr (Circle)
 First Name: _____ Surname: _____
 Home Phone: _____ Mobile: _____
 Address: _____

WHANAU DETAILS

Ethnicity: * Māori / Pakeha / European / Samoan / Fijian / Cook Is / Togan / Chinese / Indian / African / South African / British/ Other (Circle)

Other ethnicity: _____

What language is spoken at home?

* Iwi tribes you belong to:

First Language: _____

Second Language: _____

Does your child have any other siblings *currently* attending Ōpoutere School?

If yes, please name and room number of their sibling/s: _____

Does your child have a sibling that *previously* attended Ōpoutere School?

If yes, please name their sibling/s and their date of birth: _____

Did either of the child's Mother or Father attend Ōpoutere School?

If yes, please give their enrolled name and the final year they attended: _____

Are either of the child's parents employed at Ōpoutere School?

If yes, please state the parent's name: _____



Are there any other children in your family likely to attend Ōpoutere School in the future?

If yes, please provide their details

_____ DOB: _____ _____ DOB: _____

- Is there a court issued order? NO/YES *If yes, a court parenting order must be supplied and copy kept in the school office.*

STUDENT EDUCATION

Intended start date at Opoutere School: _____ Preschool Name: _____

Previous School: _____ Did your child attend Early Childhood Centre regularly? NO/YES

How many hours a week? _____

- Please provide details relating to any specific *special needs* that apply to this student.

- Please provide details relating to any specific *learning needs* that apply to this student.

- Please provide details relating to any specific *behavioral needs* that apply to this student.

MEDICAL DETAILS

Doctors Name: _____

Medical Centre: _____

Phone: _____

Dental Clinic: _____

Phone: _____

Health & Dietary Requirements: Detail medical conditions or food allergies, including plasters and pain relief.

- **A Medicine Authority Form** is available upon request for any medication that will be administered at school by either staff or student.

SUPPORTING DOCUMENTS

- Birth Certificate
- Immunisation Document
- Court Parenting Order (If applicable)
- Medicine Authority Form (If applicable)
- *Documents will need to be sighted and a copy filed in the school office, unless there is already one on record.*

ENROLMENT DECLARATION

I have read and accept the parent/caregiver declaration and privacy statement.

Name: _____ Date: _____ Signature: _____

OFFICE USE ONLY

NSN	_____	IMMUNISATION INFORMATION SUPPLIED?	NO/YES
ID TYPE	_____	ID NUMBER	_____
RŌPU WHĀNAU	_____	SCHOOL STAMP	_____

DECLARATION & PRIVACY STATEMENT

- If required, I am happy for my child to see the Dentist.
- If required, I am happy for my child to see the Public Health Nurse.
- If required, I am happy for my child to be seen by Hearing & Vision Technician.
- If required, I am happy for the school to administer sunscreen and basic first first aid for my child.
- Should a situation arise, I agree to give permission for my child to receive a recommended dosage of paracetamol.
- I give permission for my child to use school filtered internet and email as a tool for learning while at Ōpoutere School.
- I give my approval for the enrolled student to participate in off-site programme learning with their normal classroom time allocation approved by the principal. These are curriculum related events. Either on site, in the school grounds or off site in the local community which are lower risk. Other activities are covered in the blanket EOTC.
- I accept responsibility for expenses incurred in in treating my child during an emergency situation. E.g Ambulance cost.
- I give permission for photos and videos of my child taken as part of our school-wide learning to be shared with our kura and community e.g. In the school yearbook, website, newsletter, social media ie. Facebook, newspaper, pamphlets and promotional purposes. Please note, the child's full name will never be shared publicly.
- All information that I have provided is true and correct. The information collected will be used by the school for enrolment and forms as 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. The information collected may be disclosed to the appropriate education, health and welfare authorities and for data gathering purposed by the New Zealand Ministry of Education, and principles of the Privacy Act 1993.

