

## Privacy of Information

The information on this form is collected and used by the school to provide education for your child, and it is used for associated school activities. It is available to all staff of the school and members of the Board of Trustees. Please advise the school if you have any concerns about the disclosure of any information within the school.

The school is sometimes obliged by law to give information to government departments (e.g. Ministry of Education and Ministry of Health) but it will not otherwise be disclosed without your authorisation. You have the right to request access and to request correction of information held about you by the school. We would be grateful if you could contact the school office if any details need to be changed, especially contact details.

## Declaration

I declare that the information provided on this form is true. I will ensure that:

1. My son/daughter attends school regularly and not be truant
2. My son/daughter will comply with the school behaviour expectations

Signature of parent/legal guardian: \_\_\_\_\_ Date: \_\_\_\_\_

## Completing the Enrolment Form

These attachments must be supplied with the Enrolment Form:

- A copy of the student's birth certificate if born in New Zealand
- A copy of the passport page with the student's name, date and place of birth if not born in New Zealand
- A copy of the student's residence permit if not born in New Zealand
- Parenting Order or Family Court Order if applicable
- Immunisation certificate if applicable

### **OFFICE USE ONLY**

Birth Certificate / Passport sighted	<input type="checkbox"/>	Parenting Order / Court Order sighted	<input type="checkbox"/>
Visa sighted	<input type="checkbox"/>	Immunisations sighted	<input type="checkbox"/>
Number of previous schools _____		Name of previous school _____	
Admission number _____		Date started here / /	
NSN number _____		Date first started school / /	
House name _____		Year level _____	
Room name _____		Teachers name _____	

# Otakiri School Enrolment Form



## STUDENT DETAILS

Surname: \_\_\_\_\_ Given name: \_\_\_\_\_  
(Legal name as per birth certificate) (Legal name as per birth certificate)

Middle name: \_\_\_\_\_ Preferred names: \_\_\_\_\_  
(if different from legal names)

Date of birth: / / (day/month/year) Male Female (please circle)

Ethnic groups: \_\_\_\_\_

Iwi: \_\_\_\_\_

New Zealand Resident/Citizen: Yes No (please circle)

If no, date entered New Zealand: / / Visa expiry date: / /

Language spoken at home: \_\_\_\_\_ Country of Birth: \_\_\_\_\_

Home address: \_\_\_\_\_ Home phone: \_\_\_\_\_

Postal address: \_\_\_\_\_  
(if different from home address)

Level enrolling for: Year 1 Year 2 Year 3 Year 4 Year 5 Year 6 Year 7 Year 8  
(please circle)

School currently attending: \_\_\_\_\_ Current year level: \_\_\_\_\_

or Early Childhood Centre: \_\_\_\_\_ Hours per week: \_\_\_\_\_

Number of years attended: \_\_\_\_\_

Brothers/Sisters (who may attend this school in the future—names and date of birth)  
\_\_\_\_\_

Is the student currently under suspension from a school? Yes No (please circle)

Has the student ever been excluded from a school? Yes No (please circle)

Student is living with: Both parents Mother Father Legal Guardian Other (please specify)  
(please circle)

**Mother's Details**

Title: Mrs Ms Miss Other  
(please specify)

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

Residential address: (if different from student)

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

Postal address: (if different from residential)

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

Home phone: \_\_\_\_\_

Mobile phone: \_\_\_\_\_

Work phone: \_\_\_\_\_

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

Occupation: \_\_\_\_\_

Workplace: \_\_\_\_\_

**Caregiver/Legal Guardian Details**

(if not residing with parents)

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

Residential address:

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

Postal address: (if different from residential)

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

Mobile phone: \_\_\_\_\_

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

Occupation and workplace: \_\_\_\_\_

Relationship with student: \_\_\_\_\_

Is there a parenting order or court order, please provide proof

Where to send correspondence/reports: Both parents Mother Father Legal Guardian

Where to send accounts: Both parents Mother Father Legal Guardian

**Father's Details**

Title: Mr Other  
(please specify)

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

Residential address: Residential address: (if different from student)

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

Postal address: (if different from residential)

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

Home phone: \_\_\_\_\_

Mobile phone: \_\_\_\_\_

Work phone: \_\_\_\_\_

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

Occupation: \_\_\_\_\_

Workplace: \_\_\_\_\_

**Emergency Contact**

(friend or family we can contact)

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

Mobile phone: \_\_\_\_\_

Relationship with student: \_\_\_\_\_

**Emergency Contact**

(friend or family we can contact)

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

Mobile phone: \_\_\_\_\_

Relationship with student: \_\_\_\_\_

**Health Information**

To help us care for your son/daughter please answer the following questions about their health:

Has the student had a B4 school check  
Yes No (please circle)

Has the student been immunised  
(please provide proof)  
Yes No (please circle)

Does the student have any allergies  
Please list \_\_\_\_\_

Medication provided to school for above allergies  
**name**  
\_\_\_\_\_

Does the student regularly take any medication  
Yes No (please circle)

If Yes please state \_\_\_\_\_  
\_\_\_\_\_

Does the student have an visual, hearing or speech needs  
Yes No (please circle)

If Yes please state \_\_\_\_\_  
\_\_\_\_\_

Does the student have other special needs  
Yes No (please circle)

If Yes please state \_\_\_\_\_  
\_\_\_\_\_

I give permission for my child to be referred to Special Education Services, Social Workers in Schools, Public Health Nurses or Resource Teachers of Learning and Behaviour  
Yes No (please circle)

I understand that the school will notify me if any of these services are required  
Yes No (please circle)

Name of student's Doctor \_\_\_\_\_

**Consent**

I consent to my child's vision and hearing being tested  
Yes No (please circle)

I consent for my child to go on school trips (education outside the classroom) and sports events within the Whakatane/Kawerau District boundaries during school hours. I understand that the school will notify me prior to events  
Yes No (please circle)

I consent for my child's photo **with name / without name** to be published on the school website, school Facebook page, school newsletter or the newspaper  
Yes No (please circle)

I give consent for my child's **full name / first name** to be published on the school website, school Facebook page, school newsletter or the newspaper  
Yes No (please circle)

The school newsletter is published weekly on Thursdays and is available on the school's website, app and Facebook page.  
I would like a hard copy of the newsletter weekly  
Yes No (please circle)  
I would like the newsletter emailed weekly to \_\_\_\_\_  
Yes No (please circle)

I consent to my child attending the Bible in Schools programme—Champions. This is a 30 minute session weekly throughout the school year  
Yes No (please circle)

I consent to the school administering medical help as per the school procedures and call on professional help in an emergency. I understand the school will make every endeavour to contact parent/caregiver in the case of any emergency  
Yes No (please circle)

I consent to the school administering medication  
Paracetamol   
Nurofen/Ibuprofen   
Antihistamine