Student Enrolment Form

Office use only:
- ☐ Birth Certificate
- ☐ Immunisation Certificate
- ☐ Proof of address
- ☐ Visit letter sent
- ☐ ESOL

In Zone / Out of Zone

Rōpū _____

Office use only:

Enrolment Number: _____ Date of Entry: ___ / ___ / ___ NSN: _____

Birth Cert/Passport: _____ Current Year Level: _____ Room: _____

Student Details:

Full Legal Name: _____
(First Name) *(Middle Name)* *(Family Name)*

Preferred Name: _____ Gender: Male/Female Date of Birth: ____ / ____ / ___

Address: _____

_____ Post Code: _____

Country of Birth: _____ Home Language: _____

Ethnicity: _____ Iwi / Hapu: _____

Residency: *Yes / No* **OR** Citizenship: *Yes / No* Date NZ Entry: ____ / ____ / ____

Siblings at Kōnini: _____ Zone: In / Out

Previous School/Centre: _____ Current Year Level _____

Parent / Caregiver 1:
(This will be used as emergency contact 1)

Relationship to Student: _____

Surname: _____

First Name: _____

Address: _____

Work Phone: _____

Mobile Phone: _____

Email: _____

Ethnicity: _____

First Language: _____

Parent / Caregiver 2:
(This will be used as emergency contact 2)

Relationship to Student: _____

Surname: _____

First Name: _____

Address: _____

Work Phone: _____

Mobile Phone: _____

Email: _____

Ethnicity: _____

First Language: _____

Custody Access:

Court order issued? **Yes / No / NA**

Please supply further documentation as required.

Child Lives With:

Mother / Father / Both

Other _____

Emergency Contacts (other than parents/caregivers)

Name: _____ Relationship: _____ Mobile: _____

Name: _____ Relationship: _____ Mobile: _____

Early Childhood Education:

Was ECE regularly attended? **Yes / No** Yes, for the last _____ year/s

		Centre Name
Kohanga Reo	_____ hours per week	_____
Playcentre / Playgroup	_____ hours per week	_____
Kindergarten or Education and Care Centre	_____ hours per week	_____
Home based service	_____ hours per week	_____

Health & Behaviour:

I give permission for my child to receive Pamol / Panadol as deemed necessary **Yes / No**

*Kōnini School staff **CAN NOT** administer **prescription medication** without a signed Medical Consent Form.*
A parent/caregiver must deliver medication to the office and complete a consent form.

I consent to my child's vision and hearing being tested **Yes / No**

My child has been fully Immunised **Yes / No** *Certificate Supplied* ***Yes / No***

Please advise any health issues or concerns:

Allergies / Medication: _____

Vision / Hearing / Speech: _____

Learning/Behaviour Needs: _____

Specialist Needs / Resourcing / Agencies: _____

Other information / requests: _____

Siblings likely to be attending this school in the future:

Name: _____ Gender: _____ Birthdate: ____ / ____ / ____

Name: _____ Gender: _____ Birthdate: ____ / ____ / ____

General Consent:

I give permission for my child to attend any special events and activities planned. I understand I will be informed of events beforehand **YES / NO**

Image / Work Consent:

We regularly display children's work and photographs in our school newsletter which is published on our website, closed Facebook group and shared via email to all families.

I give permission for my child's work and image to be used in school publications YES / NO

Attendance:

I understand that the school requires punctual and regular attendance to meet the obligations to the Ministry of Education and that I must explain any absences by communication with the school office each day that my child is absent by 8.30am.

Declaration:

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. The information collected may be disclosed to appropriate education, health and welfare authorities and for data-gathering purposes by the NZ Ministry of Education, in accordance with the principles of the Privacy Act 1993. It will not be disclosed to any other person or agency unless such disclosure is authorised or required by law. I agree that the school will take action on my behalf in case of sudden illness or injury and accept that in signing this form I abide by the school's policies, rules and regulations.

Full Name: _____ Relationship: _____

Signature: _____ Date: ____ / ____ / ____