



Student Enrolment Form

A. Student Details *(please print clearly)*

Legal Surname :		Legal First Names :	
Preferred Surname:		Preferred First Name:	
Date of birth: / /	Boy/Girl (please circle)	Home Phone:	Mobile:
Address:		Email:	
	Post Code:	Receive correspondence by email Yes/No (please circle)	
Previous School/Pre-School/Kindergarten:			Current year level:
Eldest child at this school:		Child's place in the family: of	Lives with:

B. Student's Ethnic Background

Country of Birth:		Residency/Citizenship? Yes/No (leave blank if child was born in NZ)	
Ethnicity:	Iwi/Hapu:	Entry date to New Zealand: / /	
1.	1.	Permit Expiry date: / /	
2.	2.		
3.	3.	Language spoken at home:	

C. Early Childhood Education (ECE)

Was early childhood education regularly attended? Yes, for the last year/s
 Not regularly, only occasionally or with no on-going schedule
 No, did not attend early childhood education

Did your child attend a New Zealand early childhood education service in the six months prior to starting school? YES/NO

If yes, please tick up to three services your child attended and the number of hours per week.

	ECE 1 Hrs/Wk	ECE 2 Hrs/Wk	ECE 3 Hrs/Wk
<input type="checkbox"/> Kōhanga Reo			
<input type="checkbox"/> Playcentre			
<input type="checkbox"/> Kindergarten or education and care centre			
<input type="checkbox"/> Home based service			
<input type="checkbox"/> Playgroup			
<input type="checkbox"/> Correspondence School – Te Aho o Te Kura Pounamu			

Attended, but only outside of New Zealand
 Attended, but don't know what type of service
 Did not attend
 Unable to establish if attended or not

Office Use Only

Start date: / /	Year:	Room:	Teacher:
Enrolled date: / /	Enrolment No.	NSN:	
<input type="checkbox"/> Copy of Birth Certificate No. Or <input type="checkbox"/> Passport No.		<input type="checkbox"/> Digital form signed	<input type="checkbox"/> EOTC form signed
<input type="checkbox"/> Copy of Immunisation Certificate	<input type="checkbox"/> etap	<input type="checkbox"/> Signmee	<input type="checkbox"/> Vistab House:
School visits 1 st : / /	2 nd : / /	<input type="checkbox"/> Confirmation sent: / /	
Notes:			

D. Parent/s Caregiver/s Details

Relationship to Child:		Relationship to Child:	
Mr/Mrs/Ms/Miss (please circle)		Mr/Mrs/Ms/Miss (please circle)	
Surname:		Surname:	
First Name:		First Name:	
Address:		Address:	
	Post Code:		Post code:
Home Ph:	Work Ph:	Home Ph:	Work Ph:
Mobile No:		Mobile No:	
Email:		Email:	
Occupation:		Occupation:	
Country of Birth:		Country of Birth:	
Ethnicity:		Ethnicity:	
Custody or Parenting Agreement in place? YES/NO If yes, please attach relevant documentation and supply details below:			
Court order issued? YES/NO If yes, please supply copy of court order			
Additional school report to:			

E. Other Emergency Contacts (eg grandparents, aunt, uncle, friend)

Name:		Name:	
Relationship to Child:		Relationship to Child:	
Home Ph:	Mobile No:	Home Ph:	Mobile No:

F. Medical Information

Doctor:		Dentist:	
Address:		Address:	
Phone:		Phone:	
Has your child been fully immunised? YES/NO Attach copy of immunisation certificate. Full immunisation includes listed illnesses. If not fully immunised, please circle immunisations received if any: Diphtheria / Hepatitis B / HIB / Measles / Meningococcal B / Mumps / Pertussis / Polio / Rubella / Tetanus			
Has your child had a B4 School Check? YES/NO			
Does your child suffer from: <ul style="list-style-type: none"> <input type="checkbox"/> Asthma - Inhaler/spacer to be kept in the office: YES/NO <input type="checkbox"/> Diabetes <input type="checkbox"/> Allergies, please specify: <input type="checkbox"/> Other Medical condition/s: 			
Please detail any medication requirements for your child:			
Permission to administer First Aid: YES <input type="checkbox"/> NO <input type="checkbox"/>			

G. Learning and Behaviour

Is your child receiving any assistance from outside agencies ie RTLB, GSE, for learning behaviour? YES/NO

If yes, please detail learning behaviour needs:

Specialist Needs/Resourcing/Agencies:

Other information/requests:

Attach further information as required

H. Student Absence Notification

The Ministry of Education **requires notification of a child's absence** from school and the reason for any absence. The school records all absences with explanations by law. You must notify the school office if your child is not attending school by either:

- ❖ The school website: <http://www.pakurangaheights.school.nz> or
- ❖ Telephone: 576 9209 and leaving a message or
- ❖ Text message to 3255 (you will need to put in the code 1416 before typing your message eg "1416 John Smith has a cold today" or
- ❖ Email office@pakuranga.heights.co.nz

If the school office does not receive notification you will be contacted by text message, on the mobile number you have listed in section D. If you do not have a mobile number, please indicate an alternative contact method below:

- Landline – preferred landline:
- or
- Email – preferred email address:

If the school cannot contact you, an absence letter will be sent home requiring a response and explanation.

I. Other Information

Please list members of your family who are likely to attend this school in the future:

1. Birthdate: / /
2. Birthdate: / /
3. Birthdate: / /

J. Permission to Publish

I give permission for my child's image to be used for the School website, blogs, newsletters or other publicity material. 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. The 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 approval. I agree: that the school will take action on my behalf in case of sudden illness or injury; to abide by the school's policies; that my child's work and image may be used in accord with the schools' online publishing policy/procedures; and that the school may forward my child's name and address to a potential intermediate or secondary school.

Signed: Date: / /

K. Agreement on Enrolment

I, _____, parent/guardian of _____ (name of student) accept that the staff and management of Pakuranga Heights School will act in the best interests of my child and of the school as a whole in making decisions in the day-to-day curriculum and programmes.

I understand that my child is required by law to attend school, unless a satisfactory explanation is made to, and accepted by the school.

I understand that my child will be required to participate in trips and activities outside the classroom from time to time as part of the curriculum.

I also understand that the Principal may give permission in my absence for my child to participate in education outside the classroom.

I agree to accept and uphold the policies and procedures of the school in the management of the day-to-day curriculum, and support the programmes by ensuring that my child is equipped to participate.

Signed:

Name (please print):

Date:

L. Check List

Have you remembered everything?

Without this information, your application cannot be considered. Before you send this form, please ensure you have completed or attached the following:

- Pupil Enrolment form completed
- Student Digital Citizenship Agreement form, completed
- Blanket EOTC consent form, completed
- New Zealand birth certificate (or Tokelausan, Cook Island or Niuean)
or
- New Zealand citizenship certificate
or
- Passport with New Zealand residence class visa
or
- Australian passport
- Immunisation Certificate signed by your doctor or nurse
- Auckland Regional Dental Services Enrolment form (only required if your child is not enrolled in the dental service)
- Custody documentation (if appropriate)