

# ORUAITI SCHOOL

## PUPIL ENROLMENT FORM (one form per pupil)

### OFFICE USE ONLY

Date Received: ..... Year: .....  
Date due to start: ..... Room: .....  
Date started: ..... House: .....  
Enrolment No: ..... Teacher: .....  
NSN No: .....

### DOCUMENTS:

Birth Certificate  
 Immunisation  
 Health  
 Passport & Visa  
 Cyber Safety Agreement

### Copy to:

Teacher

### Entered:

SM Pre-Enrol  
 SM Current  
 ENROL

### PUPIL DETAILS

SURNAME \_\_\_\_\_ FIRST NAME/S \_\_\_\_\_

Preferred Name \_\_\_\_\_

Gender MALE/FEMALE Date of Birth \_\_\_ / \_\_\_ / \_\_\_ Age \_\_\_\_\_

Address \_\_\_\_\_ Home Phone No \_\_\_\_\_

Country of: Birth \_\_\_\_\_ Citizenship \_\_\_\_\_

Home Language/s \_\_\_\_\_ Date of entry to New Zealand \_\_\_\_\_

New Zealand Resident: Yes / No

Ethnicity 1 \_\_\_\_\_ Iwi 1 \_\_\_\_\_

2 \_\_\_\_\_ 2 \_\_\_\_\_

3 \_\_\_\_\_ 3 \_\_\_\_\_

**CHILD LIVES WITH:** Both Parents / Mother / Father / Stepmother / Stepfather / Other (*please specify*)

Custody Arrangements (*if applicable*): \_\_\_\_\_

Details of siblings at this school or intending to enrol:

Name \_\_\_\_\_ DOB \_\_\_ / \_\_\_ / \_\_\_

Name \_\_\_\_\_ DOB \_\_\_ / \_\_\_ / \_\_\_

Name \_\_\_\_\_ DOB \_\_\_ / \_\_\_ / \_\_\_

### Attach copy of:

**Birth Certificate/Passport**

**Proof of Residence in Enrolment Zone**

**Immigration Documents (if applicable)**

Date Due to Start \_\_\_ / \_\_\_ / \_\_\_

Current Year \_\_\_\_\_

School Transferring From \_\_\_\_\_

### PARENT/CAREGIVER DETAILS

#### Caregiver 1 (First Contact)

Surname \_\_\_\_\_

First Name \_\_\_\_\_

Relationship to Child \_\_\_\_\_

Address \_\_\_\_\_

Post Code \_\_\_\_\_

Home Phone \_\_\_\_\_

Work Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_

Occupation \_\_\_\_\_

Workplace \_\_\_\_\_

Email \_\_\_\_\_

#### Caregiver 2 (Second Contact)

Surname \_\_\_\_\_

First Name \_\_\_\_\_

Relationship to Child \_\_\_\_\_

Address \_\_\_\_\_

Post Code \_\_\_\_\_

Home Phone \_\_\_\_\_

Work Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_

Occupation \_\_\_\_\_

Workplace \_\_\_\_\_

Email \_\_\_\_\_

**EMERGENCY CONTACT**

If a parent or caregiver cannot be contacted please list the name and phone number of a family member or friend close by.

Surname \_\_\_\_\_

First Name \_\_\_\_\_

Relationship to Child \_\_\_\_\_

Address \_\_\_\_\_

Post Code \_\_\_\_\_

Home Phone \_\_\_\_\_

Work Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_

**OTHER CONTACT**

Mr / Mrs / Miss / Ms / Other \_\_\_\_\_

Surname \_\_\_\_\_

First Name \_\_\_\_\_

Relationship to Child \_\_\_\_\_

Address \_\_\_\_\_

Post Code \_\_\_\_\_

Home Phone \_\_\_\_\_

Work Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_

**EARLY CHILDHOOD EDUCATION (For new entrants only prior participation in Early Childhood Education)**Was Early Childhood Education  Yes, for the last \_\_\_\_\_ yearsEducation regularly attended?  Not regularly, only occasionally or with no on-going schedule No, did not attend Early Childhood Education

Did your child attend an ECE service in the Six months prior to starting school?

Please enter the number of hours per week for up to three Services

		SERVICE 1 (hrs/week)	SERVICE 2 (hrs/week)	SERVICE 3 (hrs/week)
a)	Kohanga Reo			
b)	Playcentre			
c)	Kindergarton or Education and Care Centre			
d)	Home based service			
e)	Playgroup			
f)	Correspondence School - Te Aho o Te Kura Pounamu			
g)	Attended, but only outside New Zealand		only place a tick in the box(es) at left as appropriate if section above is left blank	
h)	Attended, but don't know what type of service			
i)	Did not attend			
j)	Unable to establish if attended or not			

**HEALTH & IMMUNSIATION**Has your child had a B4 School Check? **YES / NO**Has your child been immunised? **YES / NO**. If yes please provide a copy of certificate.Sighted: **YES / NO** (Office use only)

Vision: \_\_\_\_\_

Hearing: \_\_\_\_\_

I consent to my child's vision and hearing being tested: **YES / NO**

Allergies: \_\_\_\_\_

Medication: \_\_\_\_\_

Speech: \_\_\_\_\_

Serious Problems: \_\_\_\_\_

**LEARNING**

Have any of the following agencies been involved with your child:

M.O.E (Ministry of Education): **Yes / No**Special Education: **Yes / No**RTL B (Resource Teacher Learning Behaviour): **Yes / No**SWiS (Social Workers in Schools): **Yes / No**Does your child have any learning behaviour needs? **Yes / No**. If yes what are these

Other information/requests

## BUSES

If you wish for your child to use the School Bus, YOU must contact the School office and make arrangements before they will be allowed to use it.

## DECLARATION

In terms of the Privacy Act, I understand that the information on this form is collected to form part of the essential information the school holds on my child. The records made from this information may be viewed on request at the school. I approve the forwarding of information when my child transfers to another school. I further approve the forwarding of my child's name and address on request to a potential intermediate or secondary school.

## PERMISSIONS & SIGNATURES (please tick to acknowledge)

- I GIVE / DO NOT GIVE (circle one) permission for Oruaiti School to publish samples of work or photographs of my child, in the **school newsletter/local newspaper/notice boards/website**.
- I GIVE / DO NOT GIVE (circle one) permission for my child to go on school trips during the year.
- I GIVE / DO NOT GIVE (circle one) permission for Oruaiti School to administer medication as necessary to my child. (We will endeavour to contact parents before administering paracetamol).
- I GIVE / DO NOT GIVE (circle one) permission for my child to take part in bible classes.
- I have read the attachment on Anti-Bullying, Cyber Safety and the Oruaiti School Rules & Policies and agree to all the conditions.
- I HAVE ATTACHED A COPY BIRTH CERTIFICATE/PASSPORT**
- I HAVE ATTACHED A COPY OF IMMUNISATION CERTIFICATE**

SIGNATURE OF PARENT/CAREGIVER: \_\_\_\_\_

SIGNATURE OF CHILD: \_\_\_\_\_

DATE: \_\_\_\_ / \_\_\_\_ / 20\_\_\_\_