



ORUAITI SCHOOL OUT OF ZONE PUPIL ENROLMENT FORM

Pupil Details

Full Name: _____

First name

Middle name

Surname name

Preferred Name: _____ Date of Birth: _____ Age: _____ Gender: Male/Female

Home Address: _____

Street Address

Suburb or RD

Town

Postcode

Postal Address: _____

(if different to home) Street Address

Suburb or RD

Town

Postcode

Home Phone: _____ Mobile: _____ Email: _____

Priority Level: Please tick which applies

2. Sibling of a current student 3. Sibling of a former student 4. Child of a former student
 5. Child of a Staff member 6. Other

Please describe in full any significant connection your family has with Oruaiti School:

Parents/Caregiver Reason for Application:

Younger Siblings: _____ Their Date of Birth: _____

Previous School/Kindy/Kohanga: _____ Date First Started School: _____

Date Due to Start Oruaiti School: _____ Current Year: _____

Please tick if there are any Protection/Custody/Court Orders in place. If so please provide a copy.

PLEASE TICK IF YOU WISH TO RECEIVE A PAPER COPY OF THE NEWSLETTER

Newsletters are available by email or on our website or school app.

Ethnicity/Language

Nationality: _____ Home Language: _____

- Ethnic Group: NZ Maori NZ European/Pakeha Cook Islands Maori Indian Tongan
 Chinese Samoan Tokelauan Vietnamese Niuean Fijian
 Malaysian British American

Other (Please Specify): _____

NZ Maori – Please specify Iwi: 1) _____ 2) _____ 3) _____

Parent/Caregiver 1

Relationship to student: _____

Full Name: _____

Ethnicity: _____

Tick if same as Student's details above, or fill in below:

Home Address: _____

Home Ph: _____ Mobile: _____

Email: _____

Occupation: _____

Work Ph: _____

Please tick: Student lives with most of the time

Shared arrangement 50/50

Shared arrangement other ____/____

Parent/Caregiver 2

Relationship to student: _____

Full Name: _____

Ethnicity: _____

Tick if same as Student's details above, or fill in below:

Home Address: _____

Home Ph: _____ Mobile: _____

Email: _____

Occupation: _____

Work Ph: _____

Please tick: Student lives with most of the time

Shared arrangement 50/50

Shared arrangement other ____/____

Emergency Contact (someone other than parent/caregiver)

Full Name: _____
 Relationship to child: _____
 Address: _____

 Contact Phone Number: _____

OFFICE USE ONLY

Year: ____ Room: _____ Teacher: _____
 School Enrolment No: _____
 NSN No: _____
 Date Entered Etap: _____
 Date Entered Enrol: _____

Proof of Birth/Immunisation

Birth Certificate Passport **(Please provide within 5 days)**

Immunisation Certificate

Has your child been fully immunised? Yes No **(Please provide proof of vaccination)**

Medical Information

Doctor: _____ Clinic: _____ Phone: _____

Does your child have any allergies, medication requirements, or other serious health problems? Eg. Asthma, Sight, Hearing, Speech: _____

- I consent to my child's vision and hearing being tested
 I give/do not give permission for Oruaiti School to administer Basic First Aid to treat minor injuries
 I give/do not give permission for Oruaiti School to administer paracetamol.

Learning

Have any of the following agencies been involved with your child? YES If yes please tick below NO

Ministry of Education Special Education RTLB Social Workers in Schools

Does your child have any learning behaviour needs?

Yes No

If yes what are these: _____

Please tick if you would like your child to take part in bible classes. Bible classes run for 6 week each term and take place at 12.15-12.45 (during part of lunchtime)

Early Childhood Education (For new entrants only)

Did you child attend one or more Early Childhood service/s in the six months prior to starting school?

Yes, for the last _____ year/s and _____ months.

No

Please enter the number of hours for up to three services

	Service 1	Service 2	Service 3
a. Kohanga Reo			
b. Playcentre			
c. Kindergarten or Education and care Centre			
d. Home Based Service			
e. Playgroup			
f. The 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			

Travelling to School (tick first box) and travelling from school (tick second box)

Please contact the office before using the school bus

Taipa Bus Taratara/Taupo Bay Bus Hihi Bus (3.30pm) Car morning Car afternoon

Privacy Statement, Permissions & Signatures

- I agree to this information being used for enrolment, school business and fundraising purposes
 I agree for Oruaiti School to publish samples of work or photographs of my child in the school newsletter, local newspaper, notice board or website.
 I give permission for my child to attend school trips.
 I have read and signed the Cyber Safety agreement

Signature of Parent/Caregiver: _____ Date: ____/____/20____