

**APPLICATION FOR ENROLMENT**

**SECTION A: PERSONAL INFORMATION**

**PLEASE PRINT CLEARLY USING CAPITAL LETTERS**

|  |  |
| --- | --- |
| Family Name: |  |
|  | |
| First Names: |  |
|  | |
| Preferred Name:  (if different from first name) |  |

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Date of Birth:  Copy of birth certificate is required | | | |  | |  | |  | |  | |  | | |  | | | Gender: | |  | | | | |
| Year Level student will enter at Ngutunui Enviro School? (circle one) | | | | | | | | | | | | | | | | | | | | | | | | |
|  |  | NE |  | 1 |  | | 2 | |  | | 3 | |  | 4 | |  | 5 |  | 6 | |  | 7 |  | 8 |

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| Expected admission date: |  |  |  |  |  |  |  |  |  |

**SECTION B: BACKGROUND INFORMATION**

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| --- | --- | --- | --- | --- | --- | --- | --- |
| **Ethnicity:**  You may tick up to three groups | | | | | | | |
|  | NZ European/Pakeha |  | Australian |  | German |  | Other European |
|  | | | | | | | |
|  | NZ Maori |  | African |  | Filipino |  | Other Pacific People |
|  | | | | | | | |
|  | Cook Island Maori |  | British/Irish |  | Latin American |  | Other Asian |
|  | | | | | | | |
|  | Samoan |  | Dutch |  | | | Other (please specify) |

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| If you are NZ Maori, to which Iwi do you belong? |  |

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| Are you a New Zealand resident: | | | | | |
|  | Yes |  | No | If not, country of birth: |  |

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| Date of Arrival in N.Z. |  |  |  |  |  | A copy of your visa/permit is required |

**SECTION C: STUDENT PROFILE INFORMATION**

|  |  |
| --- | --- |
| Current School: |  |
|  | |
| Year Level: |  |

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| Has your child been verified as an ORRS student? (tick the applicable box) | | | | | |
| Very High Needs |  | High Needs |  | Declined on application |  |

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| Does your child have teacher aide assistance? | Yes |  | If yes, how many hours? |  |

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| --- | --- | --- | --- | --- | --- |
| Did your child attend an Early Childhood Centre? | | Yes |  | If yes, how many hours per week? |  |
|  | | | | | |
| Name of Early Childhood Centre: |  | | | Age of child when they began: |  |

**SECTION D: CONTACT INFORMATION**

|  |  |  |
| --- | --- | --- |
| **Child’s permanent address details:** | | |
| Street Address: |  | Postal Address: (if different) |
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| **Details of parent(s) / caregivers living at the student’s permanent address:** | | | | | |
|  | **First parent/caregiver** | |  | **Second parent/caregiver** | |
| Family name: |  | |  |  | |
|  | | | | | |
| First name: |  |  |  |  |  |
|  | | | | | |
| Relationship to student: |  | |  |  | |
|  | | | | | |
| Address: |  | |  |  | |
|  | | | | | |
| Occupation: |  | |  |  | |
|  | | | | | |
| Home phone: |  | |  |  | |
|  | | | | | |
| Work phone: |  | |  |  | |
|  | | | | | |
| Mobile: |  | |  |  | |
|  | | | | | |
| Email address:  \*This will be the address we use for school communication | \* | |  |  | |

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|  | Invoices |  | Reports |  | Legal Guardian |  |  | Invoices |  | Reports |  | Legal Guardian |  |

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| **Details of parent(s) / caregivers who do not live at the student’s permanent address:** | | | | | |
|  | **First parent/caregiver** | |  | **Second parent/caregiver** | |
| Family name: |  | |  |  | |
|  | | | | | |
| First name: |  |  |  |  |  |
|  | | | | | |
| Relationship to student: |  | |  |  | |
|  | | | | | |
| Address: |  | |  |  | |
|  | | | | | |
| Occupation: |  | |  |  | |
|  | | | | | |
| Home phone: |  | |  |  | |
|  | | | | | |
|  | | | | | |
| Mobile: |  | |  |  | |
|  | | | | | |
| Email address: |  | |  |  | |

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|  | Invoices |  | Reports |  | Legal Guardian |  |  | Invoices |  | Reports |  | Legal Guardian |  |

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| **CUSTODY OR ACCESS CONDITIONS**: Please provide relevant supporting documents where necessary. | | | | | | | |
| Both Parents |  | Mother Only |  | Father Only |  | Shared Custody |  |
|  | | | | | | | |
| Additional information: | |  | | | | | |

**SECTION D: CONTACT INFORMATION CONTINUED**

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| --- | --- | --- | --- | --- | --- | --- | --- |
| Details of Siblings: | | | | | | | |
| Name: |  | Birthdate: |  | Name: |  | Birthdate: |  |
|  | | | | | | | |
| Name: |  | Birthdate: |  | Name: |  | Birthdate: |  |
|  | | | | | | | |
| Name: |  | Birthdate: |  | Name: |  | Birthdate: |  |

**SECTION E: EMERGENCY CONTACT INFORMATION**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Someone other than parents or caregivers** | | | | | |
| Family name: |  | |  |  | |
|  | | | | | |
| First name: |  |  |  |  |  |
|  | | | | | |
| Relationship to student: |  | |  |  | |
|  | | | | | |
| Address: |  | |  |  | |
|  | | | | | |
| Home phone: |  | |  |  | |
|  | | | | | |
| Work phone: |  | |  |  | |
|  | | | | | |
| Mobile: |  | |  |  | |

**SECTION F: MEDICAL INFORMATION**

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| --- | --- | --- | --- | --- |
| Name of Family Doctor: | |  | | |
|  | | | | |
| Phone Number: |  |  |  |  |
| Medical Conditions: |  | Medications at school? |  | Degree: (low, medium, high risk) |
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| Would a discussion with school be beneficial in terms of managing any of these conditions? | Yes |  | No |  |

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| Please give details of any issues with: | | | | | | |
| Hearing |  | Grommets? Yes |  | Hearing Aid? | Yes |  |
|  | | | | | | |
| Vision |  | | | Glasses? | Yes |  |
|  | | | | | | |
| Speech |  | | |  |  |  |
|  | | | | | | |
| Learning |  | | |  |  |  |
|  | | | | | | |
| Behavioural |  | | |  |  |  |

**SECTION G: CONSENTS**

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| --- | --- |
| **By signing below, you are agreeing to the following:** | |
| We give permission for personal information to be used for education, administrative and research purposes. | |
|  |  |
| We give permission for video or photographic images of our child and/or work to be reproduced for marketing purposes in newspapers, school newsletter, prospectus material and/or over the internet. | |
|  |  |
| We give permission for my child to participate in Education Outside The Classroom (EOTC) activities which may require transport within the Waikato area. Parental permission will be requested for activities that fall outside our school hours (9am to 3pm) or are further afield. | |
|  |  |
| We give permission for my child’s records being sent on to another school upon request. | |
|  |  |
| We have read the school’s cybersafety rules and will discuss these with my child. | |

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| --- | --- | --- |
| **Parent/Caregiver Name (Please print)** |  | **Parent/Caregiver Name (Please print)** |
|  |  |  |
| Signature |  | Signature |
|  |  |  |

|  |  |  |
| --- | --- | --- |
| Checklist: |  |  |
| Copy of Birth Certificate attached |  |  |
| Copy of Immunisation Record |  |  |
| Copy of signed Bus Conduct Form |  | (if applicable) |
| Copy of supporting documentation surrounding custody/access |  | (if applicable) |
| Copy of signed cybersafety use agreement |  | (if applicable) |

**Key information for parents:**

* Our day-to-day procedures is available in our Information Pack and on our website.
* For our overnight camps, all parent helpers require police vetting. We will contact you with more information prior to these camps taking place.
* We have an open door policy and warmly welcome family members into our school. We strongly encourage you to approach us if you have any concerns, or require any clarification. Our concerns and complaints procedure is available our website.

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| --- | --- | --- | --- | --- | --- |
| **OFFICE USE ONLY** |  |  |  |  |  |
| **Enrol #:** |  |  |  | **Immunisation record:** |  |
| **Student NSN:** |  |  |  | **Health plan:** |  |
| **Birth Certificate #:** |  |  |  | **Custody/Access documents:** |  |
| **Visa/Permit #:** |  |  |  |  |  |
| **Bus Run:** |  |  |  |  |  |
| **House:** |  |  |  |  |  |
| **Google Account:** |  |  |  | **Cybersafety agreement** |  |
|  |  |  |  |  |  |