

Application for Out of Zone Enrolment



The board has determined that 15 places in Year 0 - 8 are likely to be available for out-of zone students for the 2021 school year. The exact number of places will depend on the number of applications received from students who live within the school's home zone. Applications close on Wednesday 14 October 2020. If the number of out-of-zone applications exceeds the number of places available, students will be selected by ballot. If a ballot is required, it will be held on Wednesday 21 October 2020.

Please tick which priority applies:

- Priority One: Not applicable to Parua Bay School
- Priority Two: Siblings of current students
- Priority Three: Siblings of former students
- Priority Four: Child of a former student of the school
- Priority Five: Children of Board employees or members
- Priority Six: Other applicants

A separate application form is to be completed for each child applying.

CHILD'S DETAILS

Legal First Names: _____

Legal Surname: _____

Preferred First Name: _____

Preferred Surname: _____

Date of Birth: _____

Gender: Male **OR** Female

Current Year Level **OR** New Entrant: _____

Previous School: _____

Country of Citizenship: _____

Ethnicity's: _____ / _____

If Maori, Iwi/Hapu: 1. _____

2. _____

Child Lives with: _____

Place in Family: _____ of _____

IN ZONE: Yes **OR** No

Transport: To School: Bus **OR** Car **OR** Walk

From School: Bus **OR** Car **OR** Walk

PARENT / CAREGIVER DETAILS

First Name: _____

Surname: _____

Relationship to Student: _____

Residential Address: _____

Postal Address: _____

Place of Work: _____

Occupation: _____

Phone Home: _____

Phone Work: _____

Mobile Phone: _____

Email address for Correspondence & Newsletters: _____

First Name: _____

Surname: _____

Relationship to Student: _____

Residential Address: _____

Postal Address: _____

Occupation: _____

Place of Work: _____

Phone Home: _____

Phone Work: _____

Mobile: _____

Email address for Correspondence & Newsletters: _____

EMERGENCY CONTACTS / ADDITIONAL CAREGIVERS

First Name: _____

Surname: _____

Relationship to Child: _____

Work Phone: _____

Home Phone: _____

Mobile: _____

Surname: _____

First Name: _____

Relationship to Child: _____

Work Phone: _____

Home Phone: _____

Mobile: _____

CUSTODY OR ACCESS CONDITIONS (If applicable attach further information as required)

Details: _____ Court Order: Yes **OR** No

MEDICAL INFORMATION (Attach further information as required)

Doctor: _____ Phone: _____

Are there any health conditions we need to be aware of? Yes **OR** No Action Plan: Yes **OR** No

Details: _____

Speech: _____ Hearing: _____ Sight: _____

Allergies: _____

Medication: _____

Other: _____

Is Your Child Immunised? Yes **OR** No Fully **OR** Partially Certificate Attached Yes **OR** No

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

I give permission for my child to be seen by the Public Health Nurse Yes **OR** No

I give permission for school appointed people to check my child's hair for lice, (nits). Yes **OR** No

I give permission for staff at Parua Bay School to administer pain relief or other medication as listed on the child's records, if required. Yes **OR** No

In the event of an accident or sudden illness, I authorise the staff of Parua Bay School to obtain such medical assistance as may be necessary when I cannot be contacted. I agree to meet any cost incurred for the treatment or transportation of my child to receive medical attention. Yes **OR** No

SPECIAL NEEDS

Learning: _____ Behavioural: _____

Specialist Needs/Resourcing/Agencies: _____

EARLY CHILDHOOD EDUCATION ATTENDED

Please circle which of the following has been attended:

Never attended Kohunga Reo Playcentre Home Based Service Playgroup

Kindergarten or Education and Care Centre **OR** Other: _____

For How Long: _____ years, for _____ hours per week.

Early Childhood Centre Name: _____

AUTHORITIES & CONSENTS

I give permission for my child to go trips to local places such as the Parua Bay Community Centre, Wildlife Walkway, Kiteone Beach and other local places. I understand that precautions will have been taken and necessary teacher/adult ratio's will be met prior to the trip. Yes **OR** No

I give permission for my child's name and photo to appear in the school's newsletter and on the schools website and facebook page or in local media. Yes **OR** No

I give permission for my child to be given access at school to global information systems such as the Internet and Google Apps Account for their learning. Yes **OR** No

Please complete the School Responsible User Agreement included in the enrolment pack and contact the office if you require more information about use of digital technologies at Parua Bay School.

FUTURE SIBLINGS

Name: _____ D.O.B: _____ Male **OR** Female

Name: _____ D.O.B: _____ Male **OR** Female

Name: _____ D.O.B: _____ Male **OR** Female

FOREIGN STUDENTS

If your child was not born in New Zealand please supply their Birth Certificate, Passport and Residency Permit.

PRIVACY STATEMENT AND AUTHORISATION

***Privacy Statement:** This information is to be kept by Parua Bay School for use by the school in educating your child, and for associated school activities. The school is sometimes obliged by law to give information to Government Departments (i.e. Ministry of Health, Public Health Nurse, Ministry of Social Development and Ministry of Education) but it will not otherwise be disclosed without your authorization.*

***Parent Approvals:** 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. The school may forward my child's name and address to a potential intermediate or secondary school.*

SIGNED: _____

DATE: _____

Please attach the following items:

Birth Certificate

Immunisation Certificate

OFFICE USE

NSN Number: _____ School Number: _____

Room: _____ Year: _____ MOE Year: _____ Teacher: _____

Birth Certificate: _____ Whanau: _____ BOT Approval: _____

Bus Library Email Address Consent Zone Proof

Out of Zone Application approved: Yes **OR** No

Other: _____

Date First Started Any NZ School: _____

Date Data entered: _____ Date Started at Parua Bay: _____

School Stamp: