

Parua Bay School Enrolment Form



CHILD'S DETAILS

Legal First Names: _____

Preferred First Name: _____

Date of Birth: _____

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

Country of Citizenship: _____

If Maori, Iwi/Hapu: 1. _____

Child Lives with: _____

IN ZONE: Yes **OR** No

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

Legal Surname: _____

Preferred Surname: _____

Gender: Male **OR** Female

Previous School: _____

Ethnicity's: _____/_____

2. _____

Place in Family: _____ of _____

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: _____

Home Phone: _____

Work Phone: _____

Mobile: _____

First Name: _____

Surname: _____

Relationship to Child: _____

Home Phone: _____

Work 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.

DECLARATION OF RESIDENCY: IN-ZONE

To be completed by parents who have given an in-zone address as the student's usual place of residence.

The address given at the time of application for enrolment must be the student's usual place of residence when the school is open for instruction. This means that if you currently live at an in-zone address but move to an out-of-zone address before your child's first day of attendance at the school, your child will not be entitled to enrol at the school.

The Ministry of Education has advised that parents should also be warned of the possible consequences of deliberately attempting to gain unfair priority in enrolment by knowingly giving a false address or making an in-zone living arrangement which they intend to be only temporary e.g.

- renting accommodation in-zone on a short-term basis;
- arranging temporary board in-zone with a relative or family friend;
- using the in-zone address of a relative or friend as an "address of convenience", with no intention to live there on an ongoing basis.

Before enrolment takes place (i.e. before attendance begins), if the Board has reasonable grounds for believing that the given in-zone address will not be a genuine, on-going living arrangement, the Board may withdraw any offer of a place which it may have made on the basis of the given address.

After attendance has begun, if the school learns that a student is no longer living at the in-zone address given at the time of application for enrolment and has reasonable grounds to believe that the temporary in-zone residence has been used for the purpose of unfairly gaining priority in enrolment at the school, then the board may review the enrolment. Unless the parents can give a satisfactory explanation within 10 days, the Board may annul the enrolment. This course of action is provided for under section 110A of the Education Act 1989.

I confirm that (insert address) _____ is the usual place of residence for (student's name) _____ upon enrolment at

Parua Bay School.

I will advise the school of any subsequent change of address.

The requested proof of physical address is attached. (Copy of the rates and amenities invoice)

Signed

Date

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

Proof of Address

OFFICE USE

NSN Number: _____

School Number: _____

Room: _____

Year: _____

MOE Year: _____

Teacher: _____

Birth Certificate: _____

Whanau: _____

BOT Approval: _____

Bus

Library

Email

Address

Consent

Zone Proof

Other: _____

Date First Started Any NZ School: _____

Date Data entered: _____

Date Started at Parua Bay: _____

School Stamp: