

# Parua Bay School - Application for Out of Zone Enrolment in 2024



The board has determined that 15 places in Year 0 - 8 are likely to be available for out of zone students for the 2023 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 11 October 2023. 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 18 October 2023.

Please tick which priority applies:

- Priority One: Special Programmes (**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 / 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 / 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: \_\_\_\_\_

Place of Work: \_\_\_\_\_

Occupation: \_\_\_\_\_

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

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

Mobile Phone: \_\_\_\_\_

Email address for Correspondence & Newsletters: \_\_\_\_\_

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**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, please attach further information)*

Details: \_\_\_\_\_

Court Order in place: Yes / No

Copy of Court Order attached:

**MEDICAL INFORMATION** (attach further information as required)

Doctor: \_\_\_\_\_ Phone: \_\_\_\_\_

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

Details: \_\_\_\_\_

Speech: \_\_\_\_\_      Hearing: \_\_\_\_\_      Sight: \_\_\_\_\_

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

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

Other: \_\_\_\_\_

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

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

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

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

**SPECIAL NEEDS**

Learning: \_\_\_\_\_      Behavioural: \_\_\_\_\_

Specialist Needs/Resourcing/Agencies: \_\_\_\_\_

**EARLY CHILDHOOD EDUCATION ATTENDED**

Please circle which of the following has been attended:

Never attended      Kohanga 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: \_\_\_\_\_

## **ELIGIBILITY TO ENROL**

New Zealand Citizen

New Zealand Resident (i.e. child not born in New Zealand – please supply copies of Birth Certificate, Passport and Residency permit)

Student Visa (please supply copies of relevant Visa)

If none of the above apply please provide further details: \_\_\_\_\_

## **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 / No

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

School Responsible User Agreement completed: Yes / No  
(included in the enrolment pack - contact the office if you require more information about use of digital technologies at Parua Bay School)

## **FUTURE SIBLINGS**

Name: \_\_\_\_\_ D.O.B: \_\_\_\_\_ Male / Female

Name: \_\_\_\_\_ D.O.B: \_\_\_\_\_ Male / Female

Name: \_\_\_\_\_ D.O.B: \_\_\_\_\_ Male / Female

## **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 ensure you have attached the following items:

Birth Certificate     Immunisation Certificate     Proof of Address     Responsible User Agreement

*And, if applicable:*

Residency Permit or Visa                       Court Order(s)

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**OFFICE USE**

NSN Number: \_\_\_\_\_ School Number: \_\_\_\_\_

Room: \_\_\_\_\_ Year: \_\_\_\_\_ MOE Year: \_\_\_\_\_ Teacher: \_\_\_\_\_

Birth Certificate: \_\_\_\_\_ Whanau: \_\_\_\_\_ BOT Approval: \_\_\_\_\_

Bus       Library       Email       Address       Consent       Zone Proof

Eligibility: NZ Citizen / NZ Resident / Domestic (time-bound)

Other: \_\_\_\_\_

Date First Started Any NZ School: \_\_\_\_\_

Date Data entered: \_\_\_\_\_ Date Started at Parua Bay: \_\_\_\_\_

School Stamp: