

NGĀTI TOA PRIMARY SCHOOL

Student Enrolment Form



44 Piko Street, Titahi Bay
Porirua 5022, Wellington
Phone: 04 236 7785
office@ngatittoa.school.nz

NOTES: (Office use only)

Office use only:

Student enrolment number:

Start date:

NSN:

DOB verification: YES NO

Passport or Birth cert #

Visa verification: YES NO

Proof of address: YES NO

Immunisation: YES NO

Internet permission: YES NO

Milk in Schools: YES NO

B4 School YES NO

Year level

Room #

Teacher

Newsletter preference Email Hard copy

STUDENT DETAILS

Legal surname

Preferred surname (if different from above)

First names (all)

Preferred first name (if different from above)

Gender FEMALE MALE Date of birth (dd/mm/yy)

Country of birth

NZ citizen YES NO

NZ resident YES NO (Copy of visa required)

Date of entry to NZ (dd/mm/yy)

Language spoken at home

Student will be eldest at this school YES NO

If no, please name siblings attending this school

PARENT / GUARDIAN DETAILS

Mother / Guardian: Name: Occupation:

If not Mother, please describe relationship:

Please tick if Mother (or this guardian) is the student's primary caregiver (Does the student live here?)

Home address:

Postal address (if different):

Email: Mobile:

Father / Guardian: Name: Occupation:

If not Father, please describe relationship:

Please tick if Father (or this guardian) is the student's primary caregiver (Does the student live here?)

Home address:

Postal address (if different):

Email: Mobile:

EMERGENCY CONTACTS — Please use same contacts as older sibling/s

Name: Name:

Phone: Phone:

Relationship: Relationship:

CUSTODY / ACCESS ISSUES

Has a court order been issued? YES NO N/A Attach further information as required

EARLY CHILDHOOD EDUCATION (only for new entrant enrolments)

Please indicate any early childhood education (ECE) this student has received (if just starting school this year)

- Kohanga Reo
- Playcentre
- Kindergarten or Early Childhood Education Centre
- Home-based service
- Attended, but only outside New Zealand
- Did not attend any service

Was ECE attended regularly?

- Yes - for the last years
- Not regularly, only occasionally.

Approximately how many hours per week did he/she attend ECE?

ETHNIC GROUPS

Please select the ethnic group/s to which you think your child belongs (you may select up to three, if appropriate)

- New Zealand European/Pakeha
- New Zealand Maori (please indicate iwi affiliation/s below)
- 1.
- 2.
- Other European
- Pacific Islands (specify)
- Asian (specify)
- Other (specify)

DETAILS OF PRE-SCHOOLERS LIKELY TO BE ATTENDING THIS SCHOOL IN FUTURE

- 1. Name: Birth date:
- 2. Name: Birth date:

HEALTH INFORMATION — Please outline any health problems or medication needs)

Name of family doctor: Phone:

Allergies / medical conditions (please list):

Medication: OK for Pamol

Vision / speech / hearing or any other concerns:

My child is (please tick) FULLY immunised NOT immunised

PREVIOUS SCHOOL and LEARNING BEHAVIOUR NEEDS / ISSUES

Student is transferring from: Year level:

Learning / behaviour needs:

Special needs / resourcing / agencies:

Has your child been stood down, suspended or excluded from another school? NO YES

If YES, what was the reason?

PARENT / CAREGIVER DECLARATION

I / we **acknowledge** that the information is true and correct in every particular and will be relied upon by the school. If found to be false by the school, then the school reserves the right to remove your child.

I / we **agree** that our child shall abide by all school rules and regulations.

I / we **understand** the need to pay school costs.

I / we **understand** and give permission for the medication detailed in the Health Record list to be administered if and when necessary by the staff of Ngāti Toa Primary School. If our child requires short term medication e.g. cough syrup / antibiotics, I / We will send a note which gives the school staff permission to administer this medication, the reason for the medication and will ensure the container is clearly labelled with the child's name, the contents of the container, the dosage, expiry date and other relevant information (eg. store in fridge). In the event of accident or sudden illness, I / we authorise the staff of Ngāti Toa Primary School to obtain such medical assistance as may be necessary.

I / we **understand** that my child's work and image may be used in accord with the school's online publishing policy/procedures and that the school may forward my child's name and address to a potential intermediate school.

I / we **understand** that the information on this form will be used by this school to maintain appropriate school records and effective contact with the enrolled pupil's parents/caregivers. I / we agree to update our contact details should they change.

I / we **also agree** to the school requesting relevant information from other schools for enrolment purposes and class placements and to forwarding relevant information to another school for enrolment purposes and class placements.

Consent for EOTC events: I give permission for my child to participate in walking trips to events in our local community. These events may include walking around the local Porirua area—e.g. visiting Pataka, local retirement homes, the Te Rauparaha Arena, beach and harbour. I understand that the school will follow EOTC policy and guidelines to ensure the safety of students participating in these events. I understand that this consent applies to my child for the duration of their enrolment at Ngāti Toa Primary School.

Signature: Date: