

Whenuakite School Enrolment Form

Welcome to Whenuakite School. This enrolment form helps us with the legal processes all schools must undertake to enable your child to start school and provides us with essential information about your child. Please contact our school office if you need any assistance completing this form. We're happy to help.

IMPORTANT: This form must be accompanied by an original Birth Certificate or Passport. This is a Ministry of Education requirement and your child cannot be enrolled without it.

Birth Certificate / Passport verified by: _____ (school enrolment officer to sign)

Student Details

LEGAL NAME: As written on Birth Certificate or Passport **BOY / GIRL** (please circle)

Surname: _____ **First Name/s:** _____

PREFERRED NAME(S): This is how your child will be known to us at school (only complete if required)

Surname: _____ **First Name/s:** _____

Address: _____

Date of Birth: ___ / ___ / ___ **Nationality:** 1. _____ 2. _____

Year Level: ___ **Start Date:** (at Whenuakite School) ___ / ___ / ___ **First Schooling Date:** ___ / ___ / ___

Status in NZ: Please tick as appropriate:
NZ Citizen ___ NZ Resident ___ Student Visa ___ Visitor ___

Date of arrival in NZ: : ___ / ___ / ___
(If applicable)

Ethnicity: 1. _____ 2. _____ 3. _____

If Maori is given as an ethnicity at least one Iwi/hapu must be provided:

Early Childhood Education

Did your child attend one or more Early Childhood Education service(s) prior to starting school? Please enter the number of hours per week for the most recent service(s).

Service attended	Service 1 hrs/week	Service 2 hrs/week	Service 3 hrs/week
Kindergarten			
Kohanga Reo			
Playcentre			
Home based			
Playgroup			
Correspondence			
Outside of NZ			

Did your child regularly attend Early Childhood Education?
(Tick as appropriate)

Yes, for the last ___ year(s) ___

Not regularly, only occasionally with no on-going schedule ___

No, did not attend ECE ___

Family Information

PARENT/LEGAL GUARDIAN 1

Surname: _____

First Name: _____

Relationship to student: _____

Address: _____

(If different from student)

Country of birth: _____

Home Phone: _____

Work Phone: _____

Mobile: _____

Email: _____

PARENT/LEGAL GUARDIAN 2

Surname: _____

First Name: _____

Relationship to student: _____

Address: _____

(If different from student)

Country of birth: _____

Home Phone: _____

Work Phone: _____

Mobile: _____

Email: _____

Is there any court order in place in relation to access/custody? YES / NO

If yes please attach a copy to this Enrolment form.

Members of immediate family likely to attend Whenuakite School in future

1. _____ Date of birth ____/____/____

2. _____ Date of birth ____/____/____

3. _____ Date of birth ____/____/____

Cell phone for Emergency/Absence Text Alerts: _____

Email address for Newsletter/Updates: _____

Emergency Contacts

Provide at least one contact OTHER THAN parents/caregivers above. The emergency contact must be in the general area.

Surname: _____

First Name: _____

Relationship to student: _____

Address: _____

Home Phone: _____

Work Phone: _____

Mobile: _____

Surname: _____

First Name: _____

Relationship to student: _____

Address: _____

Home Phone: _____

Work Phone: _____

Mobile: _____

Health Information

Immunisation Register – A copy of your child's immunisation records must be provided. Please also indicate below which vaccinations have been received. This is vital information to protect your child in the event of an outbreak.

- 6 Week
- 5 Month
- 15 Month
- 4 Year
- 11 Year
- 12 Year

Immunisation records verified by _____
(School enrolment officer to sign)

Has your child had a B4 School check? Yes / No

I consent to my child's hearing and vision being checked. Yes / No

Does your child have any health issues the school needs to be aware of? Yes / No
If Yes, please provide details.

Date of last tetanus injection: _____

Is there any other information the school should know, to ensure the physical and emotional well being of your child? (e.g. cultural practices, phobias, etc.) _____

Does your child have any allergies? Yes / No
If Yes, please specify type, severity and treatment required.

Does your child carry any medication? Yes / No
If Yes, please specify type, reason, dose and what assistance is required.

Are there any special learning or behaviour needs that you are aware of?

Interests & Abilities

Please let us know if there is anything your child excels at, is passionate about or needs support with.

Medical Consents

These consents enable the school to take action to care for your child in the event of illness or injury and apply both on school premises and for off-site trips/events. Please tick to indicate your agreement.

- I/we understand that the school will take action on my behalf in case of sudden illness or injury.
- I/we agree that the school will in an emergency seek any medical treatment required for my child and the costs of such treatment will be paid by me/us.
- I/we agree that, if required, the school may administer non-prescription medicines to my child eg. Panadol, ibuprofen, claratyn.

Publication of Student's Work/Image

Occasionally photos of your child and/or their work may be published on the school website, social media, in the newsletter, in the local/regional media or on New Zealand educational websites. For any publication outside of these guidelines a separate parental/caregiver consent must be obtained.

Please tick to indicate your agreement.

- I/We agree that photos of my child may be published in accordance with the school's guidelines.
- I/We agree that work my child creates or participates in may be published in accordance with the school's guidelines.
- I/We would not like photos of my child published in accordance with the school's guidelines.
- I/We would not like work my child creates or participates in may be published in accordance with the school's guidelines

Internet Safety

The use of technology, including the internet, is a core element of the school curriculum. How students use the internet is governed by the school's Digital Citizenship Charter. Students must comply with this code and follow all other instructions given by teachers when working online.

I have read the Digital Citizenship Agreement and understand that my child will be required to follow these rules when using the internet.

Yes / No

Parent Declaration

I/we agree that my/our child will be bound by the school rules and must follow the instructions given by teachers and staff.

I/we understand that regular school attendance is a legal requirement and I/we must notify the school of any absence. I/we understand that the consents given above will apply for the duration of my child's time at Whenuakite School unless notification is given to the office in writing.

I/we understand that the information used in the form may be disclosed to appropriate education, health and welfare authorities in accordance with the provisions of the Privacy Act.

Signature of Parent/Caregiver Enrolling Student: _____ **Date:** ____ / ____ / ____