



### Student Enrolment Form

#### Student Information

First Names: \_\_\_\_\_ Preferred First Name: \_\_\_\_\_

Surname: \_\_\_\_\_ Preferred Surname: \_\_\_\_\_

Ethnicity: \* Māori / Pakeha / European / Samoan / Fijian / Cook Is / Togan / Chinese / Indian / African / South African / British

Other Ethnicity : \_\_\_\_\_ What language is spoken at home?

\* Please list the iwi, tribe(s) you belong to: \_\_\_\_\_ First Language: \_\_\_\_\_

\_\_\_\_\_ Second Language: \_\_\_\_\_

Gender: Male/Female DOB: \_\_\_\_\_ Year Level: \_\_\_\_\_ or New Entrant

Previous School Name: \_\_\_\_\_

Preschool (ECE) Name: \_\_\_\_\_

Did your child attend ECE regularly? Yes/No \_\_\_\_\_

Has your child had a before school check? Yes/No \_\_\_\_\_

If YES, how many hours a week? \_\_\_\_\_

If YES, please indicate the areas that apply:

- Vision
- Hearing
- Behavioural

Please note any specific learning needs: \_\_\_\_\_

**NOTE: Please supply your child's Immunisation Record. This must be sighted and a copy made by the school office.**

#### Enrolment Eligibility

- Is the child a NZ citizen? Yes/No \_\_\_\_\_ If YES, please provide NZ Birth Certificate, Passport or Citizenship Certificate.  
If NO, please provide NZ Resident Visa or Student Visa

- Is the child a NZ Resident? Yes/No \_\_\_\_\_ If YES, please provide evidence of a NZ Resident Visa.  
If NO, please provide evidence of a Student Visa.

**NOTE: Please supply your child's Identification Information. This must be sighted and a copy made by the school office.**

#### Home Information

Physical Address: \_\_\_\_\_

Postcode: \_\_\_\_\_

Telephone (Home): \_\_\_\_\_ Mobile Number: \_\_\_\_\_

Email Address(es): \_\_\_\_\_

To receive our School Newsletter and other Notices.





**Student Enrolment Form**

**General Family Information**

Does your child have any other siblings CURRENTLY attending Ōpoutere School?

If yes, please name and room number of their sibling/s: YES / NO \_\_\_\_\_

Does your child have a sibling that previously attended Ōpoutere School?

If yes, please name their sibling/s and their date of birth: YES / NO \_\_\_\_\_

Did either of the child's Mother or Father attend Ōpoutere School?

If yes, please give their enrolled name and the final year they attended: YES / NO \_\_\_\_\_

Are either of the child's parents employed at Ōpoutere School? YES / NO

If yes, please state the parent's name: \_\_\_\_\_

Are there any other children in your family likely to attend Ōpoutere School in the future?

If yes, please provide their details:

1. \_\_\_\_\_ DOB: \_\_\_\_\_  
 2. \_\_\_\_\_ DOB: \_\_\_\_\_

3. \_\_\_\_\_ DOB: \_\_\_\_\_  
 4. \_\_\_\_\_ DOB: \_\_\_\_\_

**Custody and Access Information**

Is there a court order issued? YES/NO

(If YES, a court/parenting order MUST be supplied and a copy made by the school office)

**Health and Medical Information**

Doctors Name: \_\_\_\_\_

Medical Centre: \_\_\_\_\_

Dental Clinic: \_\_\_\_\_

Phone No: \_\_\_\_\_

Phone No: \_\_\_\_\_

Health: Please name all medical conditions or allergies (including any allergies to plasters and pain relief)

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Medication: Please provide full details including dosage. Especially medication that will be administered at school.

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**Student Enrolment Form**

**Parent/Caregiver Information** *(Must be completed)*

<b>Relationship:</b> _____	<b>Title:</b> Mrs / Ms / Miss / Mr / Dr (Circle)
<b>First Name:</b> _____	<b>Surname:</b> _____
<b>Phone (Home):</b> _____	<b>Mobile:</b> _____
<b>Postal Address:</b> <i>(If different from child)</i> _____	
<b>Work Name:</b> _____	
<b>Occupation:</b> _____	<b>Work Phone:</b> _____

<b>Relationship:</b> _____	<b>Title:</b> Mrs / Ms / Miss / Mr / Dr (Circle)
<b>First Name:</b> _____	<b>Surname:</b> _____
<b>Phone (Home):</b> _____	<b>Mobile:</b> _____
<b>Postal Address:</b> <i>(If different from child)</i> _____	
<b>Work Name:</b> _____	
<b>Occupation:</b> _____	<b>Work Phone:</b> _____

**Emergency Contact Information**

<b>First Name:</b> _____	<b>Relationship:</b> _____
<b>Surname:</b> _____	<b>Title:</b> Mrs / Ms / Miss / Mr / Dr (Circle)
<b>Phone (Home):</b> _____	<b>Mobile:</b> _____

<b>First Name:</b> _____	<b>Relationship:</b> _____
<b>Surname:</b> _____	<b>Title:</b> Mrs / Ms / Miss / Mr / Dr (Circle)
<b>Phone (Home):</b> _____	<b>Mobile:</b> _____

**Declaration**

I have read and accept the parent declaration and privacy statement on the reverse of this form.

**Parent/Caregiver Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Office Use Only	
NSN NUMBER _____	IMMUNISATION INFORMATION SUPPLIED? YES/NO
ID TYPE _____	ID NUMBER _____
RŌPU WHĀNAU _____	SCHOOL STAMP (Once all information and documentation is supplied can enrolment be confirm)





## Student Enrolment Form

### Parent Declaration

- If required, I am happy for my child to see the Dentist.
- If required, I am happy for my child to see the Public Health Nurse.
- If required, I am happy for my child to be seen by Hearing & Vision Technician.
- If required, I am happy for the school to administer sunscreen and basic first first aid for my child.
- Should a situation arise, I agree to give permission for my child to receive a recommended dosage of paracetamol.
- I give permission for my child to use school filtered internet and email as a tool for learning while at Ōpoutere School.
- I give my general approval for the enrolled student to participate in off-site programme learning with their normal classroom time allocation approved by the principal. These are events related to the curriculum. Either on site, in the school grounds or off site in the local community which are lower risk. Other activities are covered in the blanket EOTC.
- I accept responsibility for expenses incurred in treating my child during an emergency situation. E.g Ambulance cost.
- I give permission for photos and videos of my child taken as part of our school-wide learning to be shared with our kura and community e.g. In the school yearbook, website, newsletter, social media ie. Facebook, newspaper, pamphlets and promotional purposes. Please note, the child's full name will never be shared publicly.
- All information that I have provided is true and correct.

### Privacy Statement

- The information collected will be used by the school for enrolment and forms as an essential part of the information held by the school on your child. The records made from this information may be viewed on request at the school. The information collected may be disclosed to appropriate education, health and welfare authorities and for data gathering purposed by the New Zealand Ministry of Education, in accordance with the principles of the Privacy Act 1993.

