Enrolment Forms

"Ehara mōku, mō te katoa – Not for oneself but for all"

RAWENE SCHOOL

KA ANGITU

LEADING THE WAY TO SUCCESS

Name of Student Enrolling: _____

Current Year Level: _____DoB: _____

Previous School: _____

STUDENT DETAILS:

FIRST NAME(S): ..... **SURNAME:** .....

Preferred First Name: ..... DATE OF BIRTH: / /

Preferred Surname: ..... Gender: □ MALE □ FEMALE (please tick)

PHYSICAL ADDRESS: .....

POSTCODE: .....

Home Phone Number: .....

POSTAL ADDRESS: ..... POSTCODE: .....

PREVIOUS SCHOOL: .....

Was your child enrolled in a bilingual class: □ YES □ NO If yes, what was the name of this class: .....

BUS PUPIL: □ YES □ NO BUS ROUTE: □ Waima □ Whirinaki

PARENT / CAREGIVER 1 DETAILS:

FIRST NAME(S): ..... **SURNAME:** .....

TITLE: □ Mrs □ Mr □ Ms □ Miss LEGAL GUARDIAN: □ YES □ NO

RELATIONSHIP TO CHILD: □ Mother □ Father □ Aunt □ Uncle □ Grandmother □ Grandfather

□ Other: _____

PHYSICAL ADDRESS: .....

HOME PHONE: ..... MOBILE NUMBER: .....

WORK NUMBER: ..... OCCUPATION: .....

EMAIL: WORK PLACE:

PARENT / CAREGIVER 2 DETAILS:

FIRST NAME(S): ..... **SURNAME:** .....

TITLE: □ Mrs □ Mr □ Ms □ Miss LEGAL GUARDIAN: □ YES □ NO

RELATIONSHIP TO CHILD: □ Mother □ Father □ Aunt □ Uncle □ Grandmother □ Grandfather

□ Other: _____

PHYSICAL ADDRESS: .....

HOME PHONE: ..... MOBILE NUMBER: .....

WORK NUMBER: ..... OCCUPATION: .....

EMAIL: WORK PLACE:

OFFICE USE: Birth Certificate / Passport Number: _____ **Date Enrolled**: ____/____/____

Teacher: _____ **Room**: _____ **Year**: _____

ENROL: Yes / No **eTap**: Yes / No **SMS**: _____ **NSN**: _____

EMERGENCY CONTACT DETAILS:

1 **FIRST NAME:** ..... **FAMILY NAME:** .....

Phone: .....

RELATIONSHIP TO CHILD:

□ Aunt □ Uncle □ Grandparent □ Family Friend □ Other _____

2 **FIRST NAME:** ..... **FAMILY NAME:** .....

Phone: .....

RELATIONSHIP TO CHILD:

□ Aunt □ Uncle □ Grandparent □ Family Friend □ Other _____

ETHNICITY INFORMATION:

ETHNIC GROUP/S: *Please tick appropriate boxes (up to three)*

□ MAORI *please also indicate your iwi …*

IWI 1: ..... IWI 2: ..... IWI 3: .....

□ NZ EUROPEAN □ SAMOAN □ TONGAN □ COOK ISLAND MAORI □ OTHER: _____

COUNTRY OF BIRTH: *(if other than New Zealand)* .....

TIME LIVED IN NEW ZEALAND: _____ Years _____ Months Date of Arrival in NZ: / /

PRIOR-PARTICIPATION IN EARLY CHILDHOOD EDUCATION:

Did your child attend one or more Early Childhood Education service(s) in the six months prior to starting school?

Please complete the table below for the last service(s) attended.

Instructions:

1. If the child was attending more than one service *at the same time*, please enter hours per week for up to three services.
2. If the child attended one service, but changed to a different service within the six months prior to starting school, please complete the table for the *last service only*, not both.
3. If the child's attendance hours varied, or the parent/caregiver is uncertain, please enter an approximate or average number of **hours per week**.

Please enter the number of **hours per week** for up to three services:	Service 1 (hrs/week)	Service 2 (hrs/week)	Service 3 (hrs/week)
a. Kōhanga Reo			
b. Playcentre			
c. Kindergarten *or* Education and Care Centre			
d. Home based service			
e. Playgroup			
f. The Correspondence School – Te Aho o Te Kura Pounamu			
g. Nil			

The above Early Childhood Education Information is a requirement as directed from the Ministry of Education

CUSTODY / ACCESS RESTRICTIONS:

Please attach the necessary documentation to your completed enrolment form

Briefly outline any issues that you feel we should be aware of: .....

WE RECOMMEND THAT YOU SPEAK TO THE PRINCIPAL and/or TEACHER ABOUT ANY ISSUES THAT MAY BE A CONCERN.

MEDICAL INFORMATION:

CONDTIONS: Please note how bad the condition is by ticking the appropriate box below:

ASTHMA: □ Mild □ Moderate □ Severe

HEART: □ Mild □ Moderate □ Severe

HEADACHES: □ Mild □ Moderate □ Severe

DIABETES: □ Mild □ Moderate □ Severe

EPILEPSY: □ Mild □ Moderate □ Severe

FAINTING: □ Mild □ Moderate □ Severe

ECZEMA: □ Mild □ Moderate □ Severe

HEARING: □ Mild □ Moderate □ Severe

NOSE BLEEDS: □ Mild □ Moderate □ Severe

BEE STINGS: □ Mild □ Moderate □ Severe

BLADDER: □ Mild □ Moderate □ Severe

RHEUMATICS: □ Mild □ Moderate □ Severe

SPEECH: □ Mild □ Moderate □ Severe

VISION: □ Mild □ Moderate □ Severe

OTHER: (e.g. Allergic to Peanuts) _____ □ Mild □ Moderate □ Severe

MEDICATION: Please note details if your child requires medication at school:

OK FOR SCHOOL TO ADMINISTER PANADOL IF NECESSARY: YES / NO

DOCTORS DETAILS: **Phone Number:**

Has your child been FULLY IMMUNISED: YES / NO IMMUNISATION RECORD RECEIVED YES / NO

LEARNING / BEHAVIOUR NEEDS:

Please state any special learning, ability or behaviour needs your child may have:

PARENT / CAREGIVER AGREEMENT:

★ I have completed all relevant sections of the enrolment form and the information supplied is correct
★ I have supplied copies of documentation where applicable (i.e. Birth Certificate, Passport)
★ My child will be attending school regularly
★ My child will abide by the School Rules, including the wearing of the correct Rawene School Uniform
★ I give permission for my child's records to be obtained from their previous school
★ I understand and accept that school records containing information about my child may be shared with education and/or health officials, and will be forwarded on to the next school my child attends.

I GIVE PERMISSION TO INCLUDE STUDENT'S WORK OR IMAGE IN SCHOOL NEWSLETTERS AND/OR ON THE SCHOOL WEBSITE:

□ YES □ NO

_____

I understand that the information stated on this form is true and correct and agree to be part of the learning process of my child:

Name of Parent/Caregiver: _____

Signature of Parent/Caregiver: _____ Date: _____

PRIMARY AND INTERMEDIATE SCHOOL

The information on this form is collected and used by the school in educating your child, and for associated school activities. It is available to all staff of the school and to members of the Board of Trustees. Please advise the school if you have any concerns about disclosure of any of the information within the school.

The school is sometimes obliged by law to give information to Government Departments (eg Ministry of Education, and Ministry of Health) but it will not otherwise be disclosed without your authorisation

LOCAL WALKS

I give permission for my child to go on local classroom or school walks. **Yes / No**

I understand that children will be fully supervised by classroom teachers and/or teacher aides while walking. Every effort will be made to notify parents/caregivers of local school walks prior to the walk, if time permits.

***Parent/Caregiver signature*:** _____

Date: _____