



Student Enrolment Form

Huirapa Street
TEMUKA

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office@arowhenuatemuka.school.nz

STUDENT DETAILS

Birth Cert Registration Number _____

Last name/Family name _____

All first name/s _____

Preferred name (known by) _____

Gender _____ Date of Birth (dd/mm/yy) _____

Country of birth _____

Language/s spoken at home _____

Student will be eldest at this school? Yes No.

If **No**, please name brothers/sisters who are attending this school

Please specify how student is to get to school usually (eg bus, walk, dropped off) _____

For Office Use Only

Student Num: _____

Enrolled: _____

Started: _____

Immunisation: _____

Proof of age: _____

Info sent: _____

Health Card: _____

Year Level: _____

Assigned to Room: _____

Teacher: _____

ETHNIC GROUPS

- NZ European/Pakeha
- New Zealand Maori (Iwi) _____
- Other European _____
- Pacific Islands (specify) _____
- Asian (specify) _____
- Other (specify) _____

Use of Images Agreement

- I give permission for photographs and other images of my child/ren to be used for the positive promotion of curriculum learning in the school, in school promotional material and media stories.

Signed _____

CONTACT DETAILS – please nominate two caregivers and an emergency contact

PRIMARY Caregiver: Name _____ Relationship: _____

- Lives with?
- Send invoices?
- Send copy of report?

Home Address (Physical) _____
Mail Address (if different) _____
Phone(Home): _____ Phone (Work): _____
Email: _____ Mobile: _____

Secondary Caregiver: Name _____ Relationship: _____

- Lives with?
- Send invoices?
- Send copy of report?

Home Address (Physical) _____
Mail Address (if different) _____
Phone(Home): _____ Phone (Work): _____
Email: _____ Mobile: _____

Emergency Contact: Name _____ Relationship: _____

- Lives with?
- Send invoices?
- Send copy of report?

Home Address (Physical) _____
Phone(Home): _____ Phone (Work): _____
Email: _____ Mobile: _____

PREVIOUS SCHOOLING (including Early Childhood Education)

Date first started any Primary School (dd/mm/yy) _____ (eg date first started school)

Student is transferring from School (name) _____
where he/she was in Year Level _____ Teacher _____

List any other schools attended:

Please indicate what Early Childhood Centre this student attended (if just starting school this year)

- Licensed Kōhanga Reo
- Unlicensed Kōhanga Reo
- Licensed Early Childhood Education Centre (*Kindergartens, Playcentres, Education Care Centres*)
- Early Childhood Development Service (*Playgroups, Pacific Island Language Groups & License Exempt Playcentres*)
- Did not attend ECE Centre or ECD Service

How long has your new entrant attended the ECE/ _____

How many hours per week? _____

HEALTH RECORD – PLEASE outline any health problems or medication so that we can watch for related issues.

Name of Family Doctor: _____ **Phone:** _____

Allergies _____

Medication _____

Sight/Vision _____

Speech _____

Hearing _____

Dental _____

Other medical issues _____

OTHER INFO – please outline other info of interest (including hobbies or special abilities or custody arrangements)

Children at home _____

Hobbies _____

Religion _____

Would you like your child to participate in religious education? _____

Our Schools Unique Character

I accept that the unique character of the school means that my child/ren will participate in karakia & other aspects of tikanga Maori that may or may not include religious references. Yes No

I understand that the school intends to continue to increase the level of te reo instruction in the classrooms from the present 30-50% to 50-80% and I support this development Yes No

Signed _____

FOREIGN STUDENTS ONLY – PLEASE fill in the following information if the student is from overseas.

Country of birth: _____ NZ Residency? Yes
 No

Date entered NZ _____ Language spoken at home _____

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 fees.

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 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.

Signature: _____ **Date:** _____

(Parent/Caregiver)

Parental Permission Induction Page

The school seeks parental permission for a number of activities that your child will be involved in. During your meeting with the principal you will be provided with the following information:

1. School bus conduct policy
2. Forms to complete if your child is entitled to Ministry of Education transport funding
3. Use of images explanation
4. Blanket permission form for travel in and around the local area (Timaru- Temuka- Pleasant Point) for school excursions that do not involve additional risk such as being in or around the water.
5. Acceptable use of computers agreement
6. School behaviour management policy
7. School complaints policy

The principal has provided copies of and explained:

- School bus conduct policy
- Use of images explanation
- Blanket permission form for travel in and around the local area (Timaru- Temuka- Pleasant Point) for school excursions that do not involve additional risk such as being in or around the water.
- Acceptable use of computers agreement
- School behaviour management policy
- School complaints policy

The principal has explained and provided copies of these documents to me at the time of enrolment and provided me with copies of the signed forms. I understand that these forms will be kept on file at school while my child is enrolled at the school and if I wish to change my permission status I need to contact the office and request that change.

I understand and agree to support these policies and procedures

Signed _____

Name _____

