

ENROLMENT FORM

<p>STUDENT DETAILS</p> <p>Family Name _____</p> <p>First Name(s) _____</p> <p>Preferred Name _____</p> <p>Address _____ _____</p> <p>Mail to Whom _____</p> <p>Living With _____</p>	<p>Last School Attended _____</p> <p>Year Level at Previous School _____</p> <p>Gender Male/Female (circle one)</p> <p>Date of Birth _____</p> <p>Country of Birth _____</p> <p>Student's mobile phone number _____</p>
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<p>FEMALE CAREGIVER</p> <p>Family Name _____</p> <p>First Name(s) _____</p> <p>Address _____ _____</p> <p>E-mail address _____</p>	<p>Home Phone _____</p> <p>Mobile Phone _____</p> <p>Work Phone _____</p> <p>Occupation _____</p> <p>Workplace _____</p> <p>Relationship to student _____</p>
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<p>MALE CAREGIVER</p> <p>Family Name _____</p> <p>First Name(s) _____</p> <p>Address _____ _____</p> <p>E-mail address _____</p>	<p>Home Phone _____</p> <p>Mobile Phone _____</p> <p>Work Phone _____</p> <p>Occupation _____</p> <p>Workplace _____</p> <p>Relationship to student _____</p>
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<p>EMERGENCY CONTACT IN THE REGION</p> <p>Family Name _____</p>	<p>Home Phone _____</p> <p>Mobile Phone _____</p>
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Together we ride the wave of life long success | Ka eke ngātahi tātou i te ngaru o te angitu

Collingwood Area School, 36 Lewis Street RD 1, Collingwood, 7073. Phone: 03 524 8125

www.collingwood-area.school.nz



First Name(s) _____	Work Phone _____
Address _____	Occupation _____
_____	Workplace _____
	Relationship to student _____

ADDITIONAL EMERGENCY CONTACT	Home Phone _____
Family Name _____	Mobile Phone _____
First Name(s) _____	Work Phone _____
Address _____	Occupation _____
_____	Workplace _____
	Relationship to student _____

STUDENT MEDICAL INFORMATION
Does the student have any medical concerns Yes/No
If yes, please specify, with degree of severity _____

Permission to administer Panadol Yes /No
Permission to share personal information with Medical Professionals such as NMDHB Yes/No
My child is fully immunised according to their age Yes/No

ETHNIC ORIGIN
European/Pakeha <input type="checkbox"/> Māori <input type="checkbox"/> Other <input type="checkbox"/> Country _____
Iwi Affiliation _____

TRANSPORT TO SCHOOL

Walk Bike Bus Car

◆ School Permission is required for students to drive a car or ride in a car driven by other students. Student drivers MUST hold the relevant licence.

School Bus Route (if applicable)

Parapara Rockville Bainham Pakawau Mangarakau

OTHER STUDENTS INFORMATION

Brothers/sisters at this school _____

Position in the family (eg eldest = 1st) _____

Early Childhood Education (Year 1 students only) _____

Sporting/Cultural Interests _____

Strengths/Interests _____

FAMILY TELEPHONE GRAPEVINE

Occasionally we may need to contact all parents/caregivers because of emergency closure of the school – usually flooding of the roads. We would like to be able to include your number on this grapevine

Yes

No

If no what is the alternative arrangement for your child in an emergency?

Is there any information that may be helpful for us in knowing, understanding and assisting your child/family? (eg adopted child, blended family, custody, etc)

Please give names and addresses of parents/guardians not residing with your child who should receive copies of your child's Reports

SCHOOL FLYER

The school produces a twice a term newsletter (Flyer) which is emailed to all families. Parents/guardians have the choice of receiving the Flyer as a hard copy. If you would like to receive the Flyer in this way please tick this box

PARENT/GUARDIAN DECLARATION

We/I agree to comply with the school's requirements concerning policies, discipline, attendance, dress code, fees, books and all other matters pertaining to the welfare of the school. We/I will see that _____ complies with the school's Regulations.

PRIVACY ACT DECLARATION

We/I give permission for the Principal of Collingwood Area School or his/her nominee to obtain from previous school, information/records relevant to this application

Parents'/Guardians Signatures'

Date

Please note:

Address and phone number details are collected at the time of enrolment and during the student's time at school so that the school can contact the parent or student as necessary. These contact details may also be passed on to the Ministry of Education and the Ministry of Social Development (MSD). This is so young people who may have difficulty finding future employment, training or further education can be identified and offered support by organisations contracted by MSD to help re-engage young people in education or training when they leave school.

ELIGIBILITY FOR SCHOOLING IN NEW ZEALAND

NZ Birth Certificate Number _____ (School also needs copy)
 Permanent Residency Sighted In Passport YES NO
 Vaccination Certificate YES NO (School also needs a copy)

OFFICE USE ONLY

Enrolment Number _____ Year Level _____ Room _____
 Class Teacher /Dean _____ Whānau _____