

## ENROLMENT FORM

<b>STUDENT DETAILS</b>	
Family Name _____	Last School Attended _____
First Name(s) _____	Year Level at Previous School _____
Preferred Name _____	Gender Male/Female/Other (circle one)
Address _____ _____	Date of Birth _____
Mail to Whom _____	Country of Birth _____
Living With _____	Student's mobile phone number _____

<b>CAREGIVER</b>	Home Phone _____
Family Name _____	Mobile Phone _____
First Name(s) _____	Work Phone _____
Address _____ _____	Occupation _____
E-mail address _____	Workplace _____
	Relationship to student _____

<b>CAREGIVER</b>	Home Phone _____
Family Name _____	Mobile Phone _____
First Name(s) _____	Work Phone _____
Address _____ _____	Occupation _____
E-mail address _____	Workplace _____
	Relationship to student _____

<b>EMERGENCY CONTACT IN THE REGION</b>	Home Phone _____
Family Name _____	Mobile Phone _____
First Name(s) _____	Work Phone _____
Address _____	Occupation _____
_____	Workplace _____
	Relationship to student _____

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

<b>STUDENT MEDICAL INFORMATION</b>
Does the student have any medical concerns <b>Yes/No</b>
If yes, please specify, with degree of severity _____
_____
Permission to administer Panadol <b>Yes /No</b>
Permission to share personal information with Medical Professionals such as NMDHB <b>Yes/No</b>
My child is fully immunised according to their age <b>Yes/No</b>

<b>ETHNIC ORIGIN</b>
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 not, 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 \_\_\_\_\_