

Student Enrolment Form

STUDENT DETAILS			
Legal Surname:		<input type="checkbox"/> Male <input type="checkbox"/> Female	
Preferred Surname:			
Legal First Names:			
Preferred First Name:			
Date of Birth:		Country of Birth	
Previous School (if applicable):		Current Year Level:	
Ethnicity (<i>up to three</i>)			
1.	2.	3.	
If NZ Māori, please state Iwi (<i>up to three</i>)			
2.	2.	3.	
First Language		Other Languages	
Date of arrival in NZ (<i>if born overseas</i>)		Refugee <input type="checkbox"/> Yes <input type="checkbox"/> No	
Siblings attending Mercer School			
Siblings attended prior: Name		Year left	
Previous School (<i>please supply latest school report</i>)			
MOTHER'S DETAILS			
Surname: Mrs/Ms/Miss		First Name:	
Address:			
Phone: Home Mobile Work			
Email Address:			
Country of Birth:			
FATHER'S DETAILS			
Surname:		First Name:	
Address:			
Phone: Home Mobile Work			
Email Address:			
Country of Birth:			
SERVICES (Please ensure you complete this section required by the Ministry of Education)			
Please enter the number of hours per week for up to three services.		Service 1 Hours per week	Service 2 Hours per week
			Service 3 Hours per week



Kōhanga Reo			
Playcentre			
Kindergarten or Education and Care Centre			
Home based service			
Playgroup			
The Correspondence School Te Aho o Te Kura Pounamu			
Please enter the name of the service that your child attended			

CHILD LIVING WITH			
<input type="checkbox"/> Mother and Father	<input type="checkbox"/> Mother	<input type="checkbox"/> Father	<input type="checkbox"/> Caregiver

CAREGIVER'S DETAILS (If not living with mother or father)	
Surname: Mr/Mrs/Ms/Miss	First Name:
Address:	
Phone: Home Mobile Work	
Email Address:	
Relationship to Student	

EMERGENCY CONTACT 1 (Not parent or caregiver)	
Surname: Mr/Mrs/Ms/Miss	First Name:
Phone: Home Mobile Work	
Relationship to Student	

EMERGENCY CONTACT 2 (Not parent or caregiver)	
Surname: Mr/Mrs/Ms/Miss	First Name:
Phone: Home Mobile Work	
Relationship to Student	

HEALTH (Please provide details where relevant)	
Has your child had a Before School Check? <input type="checkbox"/> Yes <input type="checkbox"/> No	Do you consent to your child's visions and hearing being tested? <input type="checkbox"/> Yes <input type="checkbox"/> No
Condition:	
Medication:	
Allergies: <input type="checkbox"/> Mild <input type="checkbox"/> Moderate <input type="checkbox"/> Severe	



Details of allergies:	
Serious Problems: <i>(Please supply action plan from Doctors)</i>	
Support they will need in their learning because of any health, medical or physical conditions:	
Special Dietary Needs: <i>(Religious or Health)</i>	
Will medication be required to be administered at school? <input type="checkbox"/> Yes <input type="checkbox"/> No If YES please complete the Medicine Authority Form	
I give the school permission to give my child paracetamol/panadol if I can not be contacted	<input type="checkbox"/> Yes <input type="checkbox"/> No
Tetanus Date:	
SPECIAL AGENCIES (Please tick and supply name of Support Agency and Key Worker)	
<input type="checkbox"/> Behaviour Support	
<input type="checkbox"/> Learning Support	
<input type="checkbox"/> Speech/Language	
<input type="checkbox"/> Physical needs/conditions	
<input type="checkbox"/> Other	

CUSTODIAL INFORMATION (Attach information or documentation as necessary)
Custody Arrangements:
Access Restrictions:
Court Order:
TRAVEL CONSENT
<p>Classes and groups frequently travel outside the school grounds to visit locations for study, cultural and sporting day trips. The School's policy is to invite parent assistance using private vehicles whenever possible - provided there is a seat belt for each passenger. <u>Children under the age of 7 may only travel in a private vehicle if using a child restraint (booster seat).</u></p> <p>All private vehicles must have a current warrant of fitness and registration, and be driven by a fully licensed driver. For larger groups (and children under 7 years of age) we may use buses from accredited chartered companies. Parents who act in a supervisory role cannot have a pre-schooler in their care.</p> <p>Consent to transport your child as described above is sought for the duration of his/her enrolment at Mercer School. You will still be informed in advance of all such occasions by information in the school newsletter and/or a separate letter from your child's teacher or Principal.</p> <p>If the event involves water or an overnight stay, specific permission will be required.</p>
My child may travel as above mentioned <input type="checkbox"/> Yes <input type="checkbox"/> No



CYBERSAFETY

1. I understand that images of my children, taken within an educational setting, may be used by our school internally and within the wider or online community for promotional purposes. Only my child's/children's first name will be used.
2. I understand that the school may display examples of my child's class work within our school and throughout the wider or online community. Note: When publishing children's work or images, no personal details will be included.
3. I have read, signed and returned the enclosed Digital Learning Agreement. I give permission for my child to have access to the internet and other digital technologies to support their learning.

My child's photo may be published as above mentioned Yes No

If NO please provide more detail:

DIGITAL LEARNING AGREEMENT

I have read and agreed to the Digital Learning Agreement that is attached. Yes No

DECLARATION

I understand that Mercer School will take action on my behalf in case of sudden illness or injury and I agree to abide by school policies.

I will advise the school and complete a Medicine Authority Form, should medication be required at school. In terms of the Privacy Act, I understand that the information on this form is collected to form part of the essential information Mercer School holds on my child.

I understand that Mercer School will obtain information from my child's previous school and forward information to the next school when necessary.

I will notify the school if any of the details listed in this form change.

The records from this information may be viewed on request at the school.

I agree that my child will be dressed in the school uniform and abide by the School

Regulations. I certify that all the information written on this enrolment form is accurate.

SIGNED

Parent/Guardian Name:

Date:

Signature:



Digital Learning Agreement

I UNDERSTAND THAT

- The only purpose for school computers and other I.T. resources is to support teaching and learning;
- The school will do its best to keep my child safe while using global information systems;
- I know that my child is not permitted to access material through the Internet that is offensive, dangerous, inappropriate or illegal, and that my child is forbidden to pass on such material by copying, storing or printing it;
- If my child uses e-mail at school, they are not permitted to send any messages that are offensive, dangerous, inappropriate or illegal;
- My child may use the Internet or e-mail at school only if there is a teacher supervising them;
- My child's assigned school e-mail address is the property of Mercer School. This means that staff may access this at any time for auditing purposes.
- The school may use unnamed examples of my child's school work and images of my child taking part in school activities for educational purposes on the Mercer School website, blogs or other publicly available media.

MY CHILD WILL

1. *Take care of Information Technology resources*

- Be careful with all equipment;
- Use only school software on school I.T. tools;
- Use only apps or websites approved by the school on school owned devices.

2. *Be considerate of other users*

- Share available school owned equipment;
- Take care not to scan or display graphics, record or play sounds or type messages that could cause offence to others;
- Remove immediately from the screen any material that would not be allowed at school that they accidentally come across, and they will inform the teacher straight away.

3. *Be responsible for privacy and security*

- My child will not give anyone on the Internet information about themselves or anyone else – this includes addresses, phone numbers, or photographs;
- My child will inform the teacher if they come across a virus, security problem, or anything that might be considered inappropriate or offensive.

DECLARATION

As the parent/guardian/caregiver I have read the agreement relating to the use of the Internet in the school. I understand that the intention of the use of the Internet in the school is for educational purposes. I understand that Mercer School has taken precautions to make Internet use as safe as possible for all users and may take appropriate action if my child breaches the school policy relating to the use of the internet.

I accept the terms of this agreement for my child

Yes No

I agree to support the school in any action it may require to ensure that the terms and conditions of use as described in the agreement are enforced.

Yes No

I have discussed and explained the contents of this agreement with my child.

Yes No



Medicine Authority Form

STUDENT DETAILS

Students Name:

Room:

Class Teacher:

Date:

I request my child be given the following medications:

Time(s) when medicine is to be given:

Procedure for giving medicine:

Condition for which medicine is given:

Name of prescribing doctor:

CONSENT

I accept responsibility for:

- the decision to give this medication to my child, and acknowledge that the school is in no way responsible for that decision, now or in the future
- notifying the school about any changes in dosage, time, or procedures, by filling out a new Medicine Authority form
- delivering the medication personally to school
- ensuring that the medicine is not past its expiry date.

I accept that the school:

- may not have a trained medical officer to administer medications
- cannot guarantee that medication will be given at a precise time or by the same person
- will dispose of any uncollected medicine at the end of the year.

Parent/Guardian Name:

Date:

Signature: