



Ōuruhia School Enrolment Form

Student's Legal Name: _____
Family name First names

Student's Preferred name: _____ (Christian name only)
Family name First names

Date of Birth ___ / ___ / ___ Birth Certificate verified: yes / no Copy attached _____ (or passport)

Place of Birth: _____ (If outside NZ, verify residency/work permit & expiry date)

Date first started school: ___ / ___ / ___ Date first attended (intended) this school: ___ / ___ / ___

Previous School / Pre-School: _____ **Class/Year Level:** _____

Enrolment status: In Zone/ Out of Zone – circle Verification of enrolment/O.O.Z application

Country of origin NZ / _____ Language(s) spoken at home: _____

Pupil Details: *(One form per pupil)*

Primary Contact # 1 **Relationship to child:** _____
(ie mother/father, caregiver)

Mrs/Ms/Miss/Mr _____

Name: _____
Family name/ Surname First name/ Christian name

Address: _____ Suburb: _____

Postcode: _____

Cell Phone number : _____ Work Phone number: _____

Email: _____

Occupation: _____ Other details _____

Other siblings to attend: _____ D.o.B _____
 _____ D.o.B _____

Primary Contact # 2 **Relationship to child:** _____
(mother/father/caregiver)

Mrs/Ms/Miss/Mr _____

Name: _____
Family/ Surname name First name/ Christian name

Address: _____ Suburb _____

Cell Ph: _____ Work Phone: _____ (Ext #)

Email: _____

Occupation: _____ Other details: _____

Emergency Contact Details: (we require an emergency contact; not Caregiver 1 and or 2).

Name: _____ Mr/Mrs/Ms/Miss
Family name First names

Home phone: _____ Cell Phone: _____

Relationship to student _____ e.g. grandparent/neighbour/friend

Prior-participation in Early Childhood Education/ or Child-Care Centre

Did your child attend an early childhood service?

Yes – for the last ____ years ____ months How many hours per week? _____

Not regularly Only occasionally No, my child did not attend ECE or Childcare

Name of Early Childhood Service: _____ Telephone: _____

We may contact the pre-school to request further information.

Did your child receive any additional speech/ language and or learning support Yes No

Medical details: (List any medical problems and information the school should be aware of). If your child is to be administered any medication daily at school by our staff, there is a form that will need to be completed and signed. List medical: _____

Allergies: _____

Doctor: _____ Ph No: _____

Administer Pain Relief: I/we give permission for staff at Ōuruhia Model School to administer pain relief (pamol etc, following the guided recommendations or other medication as listed on this child's records, if required. Yes No

Immunisation Cert shown/ Well Being Booklet (copy): ____ Complete: _____

Ethnicity : (Cultural identification: Circle your Identity/ Ethnicity

NZ European / NZ Māori / Other (please record) _____

IWI If the student is of NZ Māori descent, please enter the name(s) of his/her iwi. You may enter more than one iwi.

IWI: _____ **ROHE:** (Iwi home area) _____

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Custody Arrangements: Access Restrictions/ Court Orders: and any other information the school should be aware of *a copy of the agreement is to be shared; we will photocopy this and keep it on file. This legal document will be kept confidential.*

Yes – there is a parent agreement in place; and I will provide the school with a copy.

No: there is nothing I need to make the school aware of, re-parenting agreements & or Court Orders.

Shared parenting agreements: _____

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Did your child receive any additional speech/ language and or learning support Yes No

Permissions: Please complete the following

Act in accident or illness: In the event of an accident or sudden illness, I/we authorise the staff of Ōuruhia Model School to obtain such medical assistance as may be necessary when I/we cannot be contacted. I/we agree to meet any cost incurred for the treatment or transportation of my child to receive medical attention. Yes No

Vision & Hearing: I/we give permission for this child to undergo vision and hearing testing.
Yes No

Health & Dental Nurse: I/we give permission for this child to be seen by a School Health Professional or Dental Nurse. Yes No

Internet Usage: I/We give consent for this child to be given access at school to computers, the Internet and other communication technologies? Yes No

EOTC Permission: I/We give consent for this child to participate in local walking trips/visits without my prior knowledge. You will be notified if this involves a trip with a vehicle.
Yes No

Photo Usage: I/we give permission for this child's photo to be taken whilst participating in school activities. Photos may be used for promotional purposes in the schools' newsletters, website and or school social media apps.
Yes No

Yes, but I would like a sticker added to my child's **face**/ smiley emoji or alike to not identify them

Confidentiality

This information is requested by the school to communicate with parents and caregivers, to maintain the safety of our students, to meet the statutory requirements of the Ministry of Education. Information is held securely and used for the purpose of education only.

Parent / Caregiver Verification:

The information above is true and correct. I undertake to advise the school of any change in circumstances so that accuracy and up to date contacts may be maintained.

Signed _____ Date _____

Transport: *office to manage this*

Car _____ **Bike** _____ **Walk** _____ **Other:** _____

Transport Assistance form required? More than 3.2km away (under 10yrs) and or 4.8km away (10+ yrs) & in zone. Yes No

OFFICE use only: Confirm on *Enrol/ check NSN match* *Enter on SMS* *Enter on Library database* *Principal's Contacts list updated*