

OUT-OF-ZONE ENROLMENT APPLICATION

LICHFIELD SCHOOL



Student's Personal Information

Legal First Names: _____ Legal Surname: _____

Preferred First Name: _____ Preferred Surname: _____

Gender: Male / Female (Circle) Date of Birth: _____

Current Year Level: _____ or New Entrant

Pre-School (ECE) Name: _____

Previous Primary School's Name: _____

Special learning needs we should be aware of: _____

Ethnicity: Maori * / NZ European / Samoan / Fijian / Chinese / Korean / Indian / African / South African / British

Other Ethnicity: _____ **What Language does your child speak at home:**

* please tell us what tribe(s) or Iwi you belong to: _____ First Language: _____

_____ Second Language: _____

STUDENT ELIGIBILITY TO ENROL AS A NZ DOMESTIC STUDENT:

- Is the child a NZ citizen? Yes / No **If YES, please provide a NZ Birth Certificate, Passport or Citizenship Cert**
If NO, please provide evidence of a NZ Resident Visa or Student Visa
- Is the child a NZ Resident? Yes / No **If YES, please provide evidence of NZ Resident Visa**
If NO, please provide evidence of a Student Visa

• **If your family are immigrants to New Zealand, please supply date of entry:** _____

If one or both parents are migrants to New Zealand, please supply supporting immigration documentation *i.e. Parents Passports and the child's Birth Certificate (for funding purposes only)*

NOTE: A NZ Birth Certificate, NZ Passport, NZ Citizenship Certificate, NZ Resident or Student Visa, along with an Immunisation Record (if applicable) MUST be sighted and a copy taken by the School Office.

HOME

Physical Address: _____
_____ Postcode: _____

Telephone: (Home) _____ Preferred Mobile No: _____

Email address to receive notices: _____

Parent(s) or Caregiver(s) Information

RELATIONSHIP: _____ Title: Mrs / Ms / Miss / Mr / Dr (circle)

First Name: _____ Surname: _____

Phone: (Home) _____ Mobile: _____

Postal Address: (if different from above) _____

Occupation: _____

Work Name: _____ Work Phone Ph: _____

RELATIONSHIP: _____ Title: Mrs / Ms / Miss / Mr / Dr (circle)

First Name: _____ Surname: _____

Phone: (Home) _____ Mobile: _____

Postal Address: (if different from above) _____

Occupation: _____

Work Name: _____ Work Phone Ph: _____

General Family Information

<p>Does your child have any other siblings (brothers or sisters) <u>CURRENTLY</u> attending Lichfield School? If yes, please provide their Name/s & Room number:</p>	YES / NO
<p>Does your child have a sibling (brothers or sisters) that <u>previously attended</u> Lichfield School? If yes, please provide the sibling/s Name and Date of Birth:</p>	YES / NO
<p>Did either of the child's Mother or Father attend Lichfield School? If yes, please provide their enrolled name at the time and the final year they attended:</p>	YES / NO
<p>Are either of the child's parents employed at Lichfield School? If yes, please state the parent's name:</p>	YES / NO
<p>Are there any other children in your family likely to attend Lichfield School in the future? If yes, please provide their details:</p> <p>Name: _____ Date of Birth: _____</p> <p>Name: _____ Date of Birth: _____</p> <p><i>Please note: You will need to complete a separate Enrolment Form for each child</i></p>	YES / NO

Emergency Contact Details: *(Must be completed)*

Please list 2 alternative local people **in the South Waikato area** we can contact in case of an emergency (medical or a Civil Defence) **in the event we are unable to contact parents or caregivers.** e.g. Aunty, Uncle, Friend, etc.

Relationship: _____ Title: Mrs / Ms / Miss / Mr / Dr (circle)
 First Name: _____ Surname: _____
 Ph: (Home) _____ (Mobile): _____ Work Ph No: _____

Relationship: _____ Title: Mrs / Ms / Miss / Mr / Dr (circle)
 First Name: _____ Surname: _____
 Ph: (Home) _____ (Mobile): _____ Work Ph No: _____

Health and Medical

Doctor's Name: _____
 Medical Centre: _____ Phone No: _____
 Dental Clinic: _____ Phone No: _____

Health: Please name all medical conditions or allergies: *(including an allergy to plasters)*

Medication provided to the school, full details including dosage required.

Please complete a Medication Notification/Consent Form from the School Office

Name(s) of any person forbidden by law to have access to your child:

A copy of the legal document (Court/Parenting Order) pertaining to this must be provided to the school.

Are there any family circumstances we should be aware of? (all information provided is strictly confidential)

Would you like your child to participate in Launchpad (Bible in School)?

Yes / No (Circle One)

Early Childhood Education Participation

ENROL (a National Database) has changed how Early Childhood Education (ECE) information is recorded for each new entrant. This means that schools need to collect additional information for each new entrant.

Prior-participation in Early Childhood Education

Did the child attend one or more Early Childhood Education service(s) in the six months prior to starting school? Please complete the table below for the last service(s) attended.

Instructions:

- 1.If the child was attending more than one service *at the same time*, please enter hours per week for up to three services.
- 2.If the child attended one service, but changed to a different service within the six months prior to starting school, please complete the table for the *last service only*, not both.
- 3.If the child's attendance hours varied, or the parent/caregiver is uncertain, please enter an approximate or average number of **hours per week**.

Please enter the number of hours per week for up to three services e.g. Kindergarten and Playcentre	Service 1 (hrs/week)	Service 2 (hrs/week)	Service 3 (hrs/week)
a. Kōhanga Reo			
b. Playcentre			
c. Kindergarten <i>or</i> Education and Care Centre			
d. Home based service			
e. Playgroup			
f. The Correspondence School – Te Aho o Te Kura Pounamu			

Or

Please tick the appropriate box	<input type="checkbox"/>	(hrs/week)
g. Attended, but only outside New Zealand		
h. Attended, but don't know what type of service		
i. Did not attend		
j. Unable to establish if attended or not		

Did the child regularly attend Early Childhood Education?

Instructions: "Regularly attend" means the child was booked in to a service for sessions each week/fortnight, and generally went to those sessions unless they were sick, or on holiday, or had a family occasion, etc.

- Yes, for the last ____ year(s).**
- Not regularly, only occasionally with no ongoing schedule.
- No, did not attend ECE.

ENROLMENT DOCUMENTATION REQUIRED

Student Eligibility documentation attached:

Yes / No

Immunisation Record (shows date of each vaccination given):

Yes / No

Completed Cybersafety Form attached:

Yes / No

ENROLMENT DECLARATION

- I / WE acknowledge that the information in this document is true and correct and can be relied upon by the school.
- I / WE agree that our child shall abide by all School Rules, Regulations and policies.
- 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 placement and forwarding relevant information to another school for enrolment purposes and class placement.
- I / WE understand that the School will take action on my / our behalf in case of sudden illness or injury.
- I / WE understand that the school is sometimes obliged by law to give information to Government Departs (eg. Ministry of Education and Ministry of Health) but it will not otherwise be disclosed without your authorisation.

Consent under the Privacy Act 1993 and Declaration by Parent(s) / Guardian(s)

To the best of my knowledge the information contained in this enrolment form is true and correct. Lichfield School requires accurate information in order to communicate with parents/caregivers, to determine appropriate educational and pastoral support needs and to complete statistical returns. The Privacy Act 1993 places rules on the collection, use, storage and access of information that is received at enrolment, and from student academic records. All reasonable care is taken in the collection, storage and security of this information. From time to time it needs to be updated. Individuals have the right of access to personal information through the Principal, who is the Lichfield School Privacy Officer. At the discretion of the Principal, under section 76 and section 77 of the Education Act 1989, this information may be shared with the following groups of professionals on a need to know basis: School staff, Specialist Education services, Public Health Nurse and Doctors, Ministry of Education, Ministry of Health, Children and Young Persons and their Family service, Police, other professionals approved by the Principal. If you do not wish personal information to be released, then contact should be made with the Principal.

I understand and agree that my child is required to start at Lichfield School in the applicable year of their out-of-zone acceptance or their place will be forfeited.

Date you would like your child to start at Lichfield School: _____

(NOTE: Their start date at school cannot be before their 5th Birthday)

Name of Parent: (Guardian) _____

Date: _____

Signed: _____