OHAEAWAI SCHOOL ENROLMENT FORM

SURNAME: ..... DATE OF BIRTH: .....

FIRST NAMES: ..... BOY / GIRL.....

LAST SCHOOL ATTENDED:

OFFICE USE ONLY **Admission No:** ..... **NSN:** .....

D.O.B. Verified: ..... **Imm. Cert. Verified:** .....

Date entered this school: ..... **Date entered first school:** .....

Father/Guardian	**Ph. H** **W** **Mob.**
Mother/Guardian	**Ph. H** **W** **Mob.**
Currently Living With?: Parents / Caregivers / Guardians	
Residential Address:	**Postal Address:**
Email address:	Do you want to receive the weekly newsletter by email?
Custody /non-molestation order Yes / No Are Details attached if applicable?:	**Permanent residents of New Zealand Yes / No** Are Details attached if applicable?:
Emergency Contacts: Name: Phone: Name: Phone: **Doctor** ..... Phone:	**Health Concerns:** (please circle one) **Asthma:** mild; moderate; severe; Action plan attached Yes / No Allergies: Food intolerances: Medication: Sight: Speech: Hearing: **Serious problems as attached:** I consent to panadol/pamol tablet/liquid being given to my child if needed: Yes / No

Names of pre-schoolers likely to be attending this school in the future:

Name: DOB

Name: DOB

Ethnic Group: New Zealand European New Zealand Maori Pacific Islands (specify)…….. Asian (specify) ……..…….. Other: ……..……	Iwi: Rohe: (home area) Iwi: Rohe: (home area)
Date of Entry to NZ (if applicable)	Iwi Rohe (home area)
NZ-born/migrant/refugee background	
Language spoken at home: English Maori Other:	

Prior-participation in Early Childhood Education

Did your 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.

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:	Service 1 (hrs/week)	Service 2 (hrs/week)	Service 3 (hrs/week)
Kindergarten *or* Education and Care Centre			
Playcentre			
Kōhanga Reo			
Home based service			
Playgroup			
Other:			

Did not attend	
Attended, but don't know what type of service	
Unable to establish if attended or not	
Attended, but only outside New Zealand	

Did the child regularly attend Early Childhood Education? ☐ Yes, for the last ____ year(s). ☐ Not regular

INFORMATION PRIVACY:

I agree to Ohaeawai School collecting information on my child and that the academic record may be passed on to any subsequent school that he / she attends. **Enrolment information will be used for**: Student records and may be forwarded on to appropriate educational & health authorities e.g. Hearing & Vision Tester; Dental Therapist; Public Health Nurse; other Authorities e.g. Police; Oranga Tamariki; Social Worker In Schools; WINZ; if requested. I understand that the information that I provide will be held at the office of Ohaeawai School whose address is 22 Tennyson St Ohaeawai RD2 Kaikohe 0472. I am aware that I have the right of access to, and correction of, this information.

PERMISSION: FOR DAY TRIPS E.G. SPORT EVENTS; SHOWS; WEB SITE; INTERNET USE

We need your permission for various school and out of school activities and often have difficulty getting slips returned. To overcome this problem we ask that you ensure you read the "Ohaeawai School" information booklet and the statements below, fill in as required, sign at the bottom of this page, and return to the school office. This form will be kept with your child's personal school records. **NOTE:** Overnight trips need more information therefore permission and medical forms along with other necessary forms and trip information will be sent home with each child nearer the time of the trip.

NOTE: Cross out either "<u>give</u>" or "<u>do not give</u>" in the following statements below.

- I give / do not give permission for my child to go on school day trips including sports visits travelling by either bus or car (seatbelts will be used).
- I give / do not give permission for my child to have his/her photo with no names published on our school website.
- I give / do not give permission for my child to be included in activity photos and to have his/her work published on our school website as long as their first name only is used.
- I give / do not give permission, if necessary, for the school to request extra help for my child from SEG, RTLB, RTLit, SWIS NB: I understand that I will be told if extra help is needed for my child.
- I give / do not give permission for the school to get professional help for my child should a medical emergency arise and neither myself nor my emergency contact can be reached.
- I understand that I may withdraw my permission for any of the above in writing at any time.
- I understand that any information provided on my child will be used to assist them and will be used according to the provisions of the Privacy Act 1993.
- I give / do not give permission for my child to use electronic mail and the Internet. I understand that some material on the Internet may be objectionable and I accept responsibility for setting standards for my child to follow when selecting, sharing and exploring information and media. I have discussed the "Guidelines for Pupil's Internet Use" as written in the "Ohaeawai School Information booklet" given to me on enrolment of my child.

CHILD'S NAME:

PARENT'S NAME:

PARENT'S SIGNATURE: DATE: