

# KAWERAU PUTAUAKI SCHOOL

## Student Enrolment Form

87-89 Fenton Mill Road, Kawerau

Phone (07) 3237093, email: admin@putauaki.school.nz



Please include these documents with your application: Birth Certificate/Passport  Immunisation Certificate

### STUDENT DETAILS

Legal Surname \_\_\_\_\_

Preferred Surname (if different from above) \_\_\_\_\_

All first name/s \_\_\_\_\_

Preferred name (if different from above) \_\_\_\_\_

Gender \_\_\_\_\_ Date of Birth (dd/mm/yy) \_\_\_\_\_

(Birth Certificate to be copied upon Enrolment)

Country of birth \_\_\_\_\_

NZ Citizen Yes  No

NZ Resident Yes  No (copy of visa required)

Date NZ Entry (dd/mm/yy) \_\_\_\_ / \_\_\_\_ / \_\_\_\_ (required if not born in NZ)

Language spoken at home \_\_\_\_\_

Student will be eldest at this school?  Yes  No

If **No**, please name older brothers/sisters who are attending this school

### For Office Use Only

Student Enrolment No: \_\_\_\_ / \_\_\_\_

Start Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

eTAP  ENROL  Vistab

Pupil Data  Google Doc

ID & DOB Verification: Yes  No

Immunisation Certificate: Yes  No

Visa Documentation: Yes  No

Internet Permission: Yes  No

Notes: \_\_\_\_\_

Year Level: \_\_\_\_\_

Room: \_\_\_\_\_

Teacher: \_\_\_\_\_

### PARENT/GUARDIAN DETAILS and Emergency Contacts

**Mother/Guardian:** Name \_\_\_\_\_ Occupation \_\_\_\_\_

Lives with?

Yes

No

If not Mother, please indicate relationship: \_\_\_\_\_

Home Address \_\_\_\_\_

Mail Address (if different) \_\_\_\_\_

Phone (Home): \_\_\_\_\_ Phone (Work): \_\_\_\_\_

Email: \_\_\_\_\_ Mobile: \_\_\_\_\_

**Father/Guardian:** Name \_\_\_\_\_ Occupation \_\_\_\_\_

Lives with?

Yes

No

If not Father, please indicate relationship: \_\_\_\_\_

Home Address \_\_\_\_\_

Mail Address (if different) \_\_\_\_\_

Phone (Home): \_\_\_\_\_ Phone (Work): \_\_\_\_\_

Email: \_\_\_\_\_ Mobile: \_\_\_\_\_

**Emergency Contacts:** Name \_\_\_\_\_ Name \_\_\_\_\_

Please use same contacts as older sibling Phone: \_\_\_\_\_ Phone: \_\_\_\_\_

Relationship: \_\_\_\_\_ Relationship: \_\_\_\_\_

### CUSTODY ACCESS

Court order issued? Yes  No  NA

Attach further info as required

**EARLY CHILDHOOD EDUCATION (only for New Entrant Enrolments)**

Please indicate any Early Childhood education this student has received (if just starting school this year)

- Kohanga Reo
- Playcentre
- Kindergarten or Early Childhood Education Centre
- Home Based Service
- Attended, but only outside New Zealand
- Did not attend any service

Attended regularly for the last \_\_\_\_\_ year/s  
 Not regularly, only occasionally  
 Approx number of hours per week \_\_\_\_\_

I give permission for Kawerau Putauaki School to get any relevant Learning / Behaviour information from any pre-schools my child attended:

Yes

No

**ETHNIC GROUPS**

Choose up to three Ethnic Groups:

- NZ European/Pakeha
- Other European \_\_\_\_\_
- New Zealand Maori – Please indicate Iwi Affiliation
- Pacific Islands (specify) \_\_\_\_\_
- 1. \_\_\_\_\_
- Asian (specify) \_\_\_\_\_
- 2. \_\_\_\_\_
- Other (specify) \_\_\_\_\_

**DETAILS OF PRE-SCHOOLERS LIKELY TO BE ATTENDING THIS SCHOOL IN THE FUTURE**

1. NAME: \_\_\_\_\_ Birth Date: \_\_\_\_\_
2. NAME: \_\_\_\_\_ Birth Date: \_\_\_\_\_

**HEALTH INFORMATION – Please outline any health problems or medication**

Name of Family Doctor: \_\_\_\_\_ Phone: \_\_\_\_\_

Allergies/Medical Condition/s \_\_\_\_\_

Medication \_\_\_\_\_  OK for Pamol

Vision/Speech/Hearing or any other concerns \_\_\_\_\_

My child is (please tick):  Fully immunised (Please provide Immunisation)  Not immunised

**PREVIOUS SCHOOL AND LEARNING/BEHAVIOUR NEEDS**

Student is transferring from: \_\_\_\_\_ Year Level: \_\_\_\_\_

Previous NZ School Report Provided with Enrolment: Yes  No

Learning / Behaviour Needs: \_\_\_\_\_

Specialist Needs / Resourcing / Agencies: \_\_\_\_\_

Has your child been stood down, suspended or excluded from another school? Yes  No

If Yes, what was the reason? \_\_\_\_\_

Is there anything else you think we should know to ensure your child has a smooth transition? \_\_\_\_\_

**PARENT / CAREGIVER DECLARATION**

Yes No

<p><b>I/We acknowledge</b> that the information is true and correct in every particular and will be relied upon by the School. If found to be false by the School, then the School reserves the right to remove your child</p>		
<p><b>I/We understand</b> and give permission for the medication detailed in the Health Record list to be administered if and when necessary by the staff of Kawerau Putauaki School. If our child requires short term medication e.g. Cough syrup / antibiotics, I/We will send a note which gives the school staff permission to administer this medication, the reason for the medication and will ensure the container is clearly labelled with the child's name, the contents of the container, the dosage, expiry date and other relevant information (eg. store in fridge).</p>		
<p><b>I/We authorise</b> the staff of Kawerau Putauaki School to obtain medical assistance as may be necessary in the event of accident or sudden illness. The school will always try and contact you first.</p>		
<p><b>I/We give permission</b> to have our child's photo used in school's social media and in any other media or promotion of the school (e.g. The Beacon, The Daily Post...) and understand that my child's work and image may be used in accord with the school's online publishing policy/procedures.</p>		
<p><b>I/We give permission</b> for the school to forward my child's name and address to a potential intermediate school.</p>		
<p><b>I/We understand</b> 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 agree to update our contact details should they change.</p>		
<p><b>I/We also agree</b> to the school requesting relevant information from other schools for enrolment purposes and class placements and to forwarding relevant information to another school for enrolment purposes and class placements.</p>		
<p><b>TE RITO:</b></p> <p><i>Te Rito is a data sharing programme that all the schools and ECE's in our cluster use. This is to identify need across the broader region and access better support from a range of agencies, this maybe for individual children, groups, or to support schools and teachers. The need can be for learning difficulties, behaviour issues or for gifted and talented students.</i></p> <p><b>I / We give permission</b> for the school to share my child's information on the Te Rito platform to better support their learning, and all the schools and Early Childhood Centres in the region.</p>		
<p><b>I/We understand</b> the need to contribute to fundraising in lieu of school fees.</p>		
<p><b>I/We understand</b> that Kawerau Putauaki School is a learning community which includes you, the whanau, and I / we <b>agree</b> to fully participate in my child's learning, including attending Termly Goal setting hui and all whanau hui (At least twice a year).</p>		
<p><b>I/We agree</b> that our child shall abide by all School Rules and Regulations.</p>		
<p><b>Consent for EOTC Events;</b></p> <p><b>I / We give permission</b> for my child to participate in events in our local Kawerau community (this may include travelling on the school bus or walking). I understand that the school will follow EOTC Policy and Guidelines to ensure the safety of students participating in these events. I understand that this consent applies to my child for the duration of their enrolment at Kawerau Putauaki School.</p> <p>Trips that are outside of the Kawerau community will require consent per event.</p>		

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_