** NSN:**

**HAURAKI PRIMARY SCHOOL**

82 Jutland Road, Hauraki Phone: 09 489 4568 Email: office@hauraki.school.nz

***PUPIL ENROLMENT FORM***

**STUDENT DETAILS**

First Names:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Surname: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Preferred name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ (Verification attached e.g. Birth Certificate/Passport)

Country of birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of arrival in NZ: \_\_\_\_/\_\_\_\_/\_\_\_\_ (if within 3 years)

□ **Student visa attached OR** □ **Residency/work permit/citizenship attached**

**ETHNICITY**: (i.e. Maori, NZ European, British/Irish, Australian, Cook Isl Maori, Indian, Chinese, Samoan, Niuean, Fijian, Tongan, Filipino, Vietnamese, Other (please specify)

**1. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 2. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 3. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**If Maori please state IWI**: **1. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 2. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 3. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

First Language: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Other Languages: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Child Living with: □ Mother and Father □ Mother □ Father

**If applicable**: Date first started any school: \_\_\_ / \_\_\_/ \_\_\_ Country: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Current School: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Current Year Level: \_\_\_\_\_\_\_\_\_\_

**CUSTODY ACCESS (if applicable)** □ Court order issued □ Copy attached

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| **MOTHER / LEGAL GUARDIAN / CAREGIVER 1**:First name: Mrs /Ms /MissSurname:Address:Occupation: Work ph:Mobile phone: Home ph:Email: (for School Newsletter and Communication) | **FATHER / LEGAL GUARDIAN / CAREGIVER 2**:First name:SurnameAddress:Occupation: Work ph:Mobile phone: Home ph:Email: (for School Newsletter and Communication) |

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| **EMERGENCY CONTACT 1**: **must live within Auckland region and be able to pick up your child should mother or father not be able to be contacted**)Name:Relationship:Contact phone: | **EMERGENCY CONTACT 2**: (**must live within Auckland region and be able to pick up your child should mother or father not be able to be contacted**)Name:Relationship:Contact phone: |

**MEDICAL**

Doctors Surgery /Clinic /Name: Telephone:

Please specify any known medical conditions (eg allegy, medical condition, speech, eyesight):

□ HIV Blood-borne virus □ Asthma □ Bee sting allergy □ Diabetes □ Food □ Inhaler □ Special learning needs

□ Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Details:

**Note: If it is necessary for staff to administer any medication to your child the appropriate forms/action plan will need to be completed**.

□ I/We agree that the school will take action on my behalf in case of sudden illness or injury

**LEARNING / BEHAVIOURAL NEEDS**:

Any Learning/Behavioural Needs the School should be aware of:

Specialist Needs/Resourcing/Agencies involved:

Other information:

**My child is Fully Immunised YES NO**

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| **Siblings currently attending Hauraki School**: **House**: |
| **Older:** (name and current school) |
| **Yet to start school:** (name and date of birth) |

**SCHOOL TRIPS AND ACTIVITIES**:

**During the school year teachers may take students out of the school grounds for a variety of educational reasons. We request a generic permission to cover locally based activities in the Auckland area:**

□ I/We give permission for my child to be taken out of the school grounds for school trips and activities as outlined above.

□ If there is a cost involved with trips or visits I understand that I will be notified of this cost and agree to pay.

□ I/We agree that my child is expected to take part in all aspects of the curriculum provided, eg swimming, camp, cross country etc.

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| **SUPPORT****We strongly encourage parent support to provide an all rounded excellent education. Please indicate how you are prepared to contribute (eg. classroom support, library assistance, sports coaching/management, road patrol supervision, PTA, fundraising or any expertise that might assist with class programmes.** |

**PARTICIPATION IN EARLY CHILDHOOD EDUCATION**:

Did your child regularly attend Early Child Education in the six months prior to starting school? ***Note: The Ministry of Education requires that you provide this information****.*

□ No, did not attend Early Childhood Education

□ Not regularly, only occasionally with no on-going schedule

□ Yes, regularly for the last \_\_\_\_\_\_\_\_\_ years. (Please complete below)

**Name of latest Childcare Centre**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| Please enter the number of hours per week for up to three simultaneous services. | Service 1: Hrs per week | Service 2: Hrs per week | Service 3: Hrs per week |
| **□** Kohanga Reo |  |  |  |
| □ Playcentre(name) |  |  |  |
| □ Kindergarten or Care Centre (name) |  |  |  |
| □ Home based service |  |  |  |
| □ Playgroup |  |  |  |
| □ Correspondence School (Te Aho O Te Kura Pounamu) |  |  |  |

**PUBLISHING STUDENT INFORMATION**

**Periodically we publish student material to celebrate students’ work and achievement, to encourage students to participate in our school community, and to promote the school**.

□ I/We give permission for my child’s name, image or work to be published in the school newsletter, yearbook, on the school website, school facebook, local newspaper, google drive or seesaw.

□ I/We give permission for the school to add my family’s contact details, ie name and email address to the school contact lists via the Classroom Rep system that will enable you to receive school messages and reminders.

 □ I/We give permission for my child to access the internet in accordance with school policy**.**

**ENROLMENT**

□ I/We agree that the information collected from this enrolment form may be disclosed to appropriate education, health and welfare authorities and for data-gathering purposes by the New Zealand Ministry of Education, in accordance with the principles of the Privacy Act. It will not be disclosed to any other person or agency unless such disclosure is authorized or required by law.

□ I/We agree to relevant data regarding my child to be passed on to the next school they attend

□ I/We understand that a 21 day absence, unless previously notified in writing to the school, requires re-enrolment and that I/we must be living within the Hauraki School zone for automatic re-entry

**Please note you can view our policies and procedures by going onto the Hauraki School Website (hauraki.school.nz) through the BOT link**

**DECLARATION: The information given on this form is true and correct**

**Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Mother/Father/Guardian (circle one) Date: \_\_\_\_\_\_\_\_\_\_\_\_\_**

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| **DOCUMENTATION REQUIRED PRIOR TO ENROLMENT AT HAURAKI PRIMARY SCHOOL*****The documentation listed on the check list below will be required immediately before this enrolment can be processed and prior to a child starting at Hauraki Primay School. Under legislation, the Board of Trustees has the right to annul any enrolment accepted on the basis of false information presented.*****1. For any child starting school in New Zealand for the first time:*****NZ Born Students*: □** Childs NZ Birth Certificate **OR** **□** NZ Passport***Students born outside NZ*:** **NZ Citizens**: **□** Birth Certificate **AND** **□** NZ passport **OR** Citizenship Certificate**All Other Nationalities**: **□** Birth Certificate **and** **□** Passport **and** □ Entry stamp showing date of first entry to NZ **and** **□** (a) Residency Permit **OR** **□** (b) Student Permit together with parents passport andWork Permit**2. Proof of place of residence at the time of starting at Hauraki Primary School****□** A current utilities account (power or gas) or a supply agreement if an account has not yet been received**AND****□** The most recent rates demand **OR** **□** A recent purchase agreement **OR** **□** current rental/tenancy contract |

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| **OFFICE USE ONLY:****Year Level: \_\_\_\_ Room: \_\_\_\_ Teacher: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Enrolment No.: \_\_\_\_\_\_\_\_ House: \_\_\_\_\_\_\_\_\_\_** |