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Student Details

Legal first names: Legal surname:
 Preferred first name: Preferred surname:

D.O.B: / / **Gender:** Male / Female

Entry Date Te Awa: / / 2019 **Level:** Year _____ **Room:** _____

Admission Number: **Birth Cert. Sighted:** Yes / No / **Place in Family** ___/___

Main Language Spoken at Home: .English or **Date of entry into NZ:**

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.

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)
a. Kōhanga Reo			
b. Playcentre			
c. Kindergarten or Education and Care Centre			
d. Home based service			
e. Playgroup			
f. The Correspondence School – Te Aho o Te Kura Pounamu			

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 on-going schedule.
- No, did not attend ECE.

Early Childhood Centre

Previous School

Any Special Needs:

Additional information relevant to the child's needs:

I chose Te Awa School because:.....

Ethnicity

New Zealand European	<input type="checkbox"/>
New Zealand Maori*	<input type="checkbox"/>
Samoa	<input type="checkbox"/>
	<input type="checkbox"/>
	<input type="checkbox"/>

Iwi Affiliation

1. _____

Iwi Affiliation

2. _____

Iwi Affiliation

3. _____

Future Enrolments: m / f

1. _____ D.O.B ... / ... / ...

2. _____ D.O.B ... / ... / ...

3. _____ D.O.B ... / ... / ...

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Contact Details

Home Phone Number: Mobile Phone:

Address:

The student is living with: Parents / Mother / Father / Grandparents / Other:

Caregiver 1. (First name)(Surname)

Mr/Miss/Mrs/Ms Relationship to student:

Employed: yes/ no Workplace: Work phone:

Caregiver 2: (First name)(Surname)

Mr/Miss/Mrs/Ms Relationship to student:

Employed: Yes / No Workplace: Work phone:

Are there any custodial arrangements or access restrictions that the school needs to be aware of?

Emergency Contact 1: (First name)(Surname)

Mr/Miss/Mrs/Ms :Phone: Relationship to student

Emergency Contact 2 (First name)(Surname)

Mr/Miss/Mrs/Ms :Phone: Relationship to student

Medical Information Dr:Surgery:

Does your child have any medical condition we should be aware of:(e.g.blood disorders,allergies,asthma) **Yes / No**

(Details)

Has your child had any treatment for sight / hearing / speech? **Yes / No** (If yes please circle which one)

Immunisation Certificate Sighted : Yes / No

Media Images of Students

It is possible that from time to time school events may attract the interest of the media and photographs or images of our students may appear in the paper, on television, on the school's website or on facebook..

It is important to note that no child's name will be published without beforehand gaining the consent of the parents or caregivers of the child or children concerned.

School Trips / Visits

Upon enrolment consent is given for Education Outside the Classroom activities which may be in the school grounds or may include trips and visits outside the school. All such activities will occur during school time. In general these activities will involve no more risk than a normal family activity.

Activities involving more risk, or those taking place after school hours will require specific caregiver or parental consent.

Privacy Act:

The purpose of this school is to assist children to grow emotionally, physically and academically. In pursuing this activity the school collects information on children to assess the effectiveness of school programmes and to assess children's progress. This is both a legal obligation and a lawful purpose. The collection of information at this school complies with the requirements of the Privacy Act 1993 and its amendments.

It is possible this information may be shared with health and other educational agencies to further assist your child, or it may be used for statistical or research purposes in such a way that you or the individual involved will not be identified in any way. This information may be transferred to another school if the child moves.

Records and information about your child are held at this school and are available upon request.

Consent and Declaration:

*I understand that the school will take action on my behalf in the case of sudden illness or injury to my child/ren and if necessary will seek medical advice and services. I agree to Te Awa School collecting personal information such as outlined above in the section named **Privacy Act**.*

I understand that my child has access to the internet but only under teacher supervision. The school operates sound virus and filtering protection but a degree of student responsibility is still required. Inappropriate behaviour on the computers or the internet may lead to students being denied access to the schools' computers.

I declare that the information that I have supplied on this enrolment form is true and accurate to the best of my knowledge.

Signed: _____ **Name:** _____ **Date:** / / 2019
Relationship to enrolled student: _____