

# Te Awa School Enrolment Form

<b>◆ Child's details:</b> <b>MALE / FEMALE / NON BINARY</b> Child's date of birth:    d d / m m / y y y y	
Legal <b>surname</b> or <b>family name</b> :	
Legal <b>first names</b> : <span style="float: right; font-size: small;">Older sibling already enrolled:</span>	
<b>Name your child is known by / preferred name:</b>	
Surname / family name:	Given name:
Previous School / Early Childhood Centre:	Current Year level:
Copy of official identity verification document* collected by staff:	
<input type="checkbox"/> New Zealand birth certificate <input type="checkbox"/> New Zealand Passport <input type="checkbox"/> Other _____	
Child's ethnic origin/s:	Iwi your child belongs to:
Language/s spoken at home:	
Child's primary residential address:	
Post Code:	
NZ Residency? Y / N	Date of entry to NZ?    /    /    Country of Birth:
<b>Parents / Guardians:</b>	
<b>1. First names:</b>	<b>2. First names:</b>
<b>Surname / family name:</b>	<b>Surname / family name:</b>
Address:	Address:
Post Code:	Post Code:
Phone (Home):	Phone (Home):
Phone (Work):	Phone (Work):
Phone (Mobile):	Phone (Mobile):
Email:	Email:
Relationship to child:	Relationship to child:
<b>Emergency Contacts: (other than parents)</b>	
<b>3. Given names:</b>	<b>4. Given names:</b>
<b>Surname / family name:</b>	<b>Surname / family name:</b>
Phone (Home):	Phone (Home):
Phone (Work):	Phone (Work):
Phone (Mobile):	Phone (Mobile):
Email:	Email:
Relationship to child:	Relationship to child:

<b>Custodial Statement</b>		
Are there any custodial arrangements concerning your child?		
If <b>YES</b> , please give details of any custodial arrangements or court orders (a copy of any court order is required)		
<b>Child's doctor:</b>	<b>Phone:</b>	
<b>Health: (please note that school staff do not administer medication for students)</b>		
Illness / Allergies / Medication / Sight / Hearing:		
<b>Do you give permission for your child to be seen by Te Kupenga Hauora o Ahuriri or Health Nurse</b>	<b>YES</b>	<b>NO</b>
<b>Do you give permission for your child to be given Pain Relief (Pamol)</b>	<b>YES</b>	<b>NO</b>

<b>◆ Other Details:</b>
Special Needs (Background / Funding / ESOL / ORRS etc) _____ (use a separate sheet for indepth information) Sibling likely to attend this school in future years:
Name: _____ DOB: _____ M / F
Name: _____ DOB: _____ M / F

<b>◆ Privacy Statement:</b>
<i>In terms of the Privacy Act, I understand that the information on this form is collected to form part of the essential information the school holds on my child. The records made from this information may be viewed on request at the school. I approve the forwarding of information when my child transfers to another school. I further approve the forwarding of my child's name and address on request to a potential intermediate or secondary school.</i>

<b>◆ School Trips/ Visits</b>
<i>At times classes may partake in Curriculum related learning that may require them to leave school grounds for example traveling to the Omni Gym for Gymnastic lesson. These learning activities are during school times and require no extra supervision. <b>Do you give permission for your child to partake in Curriculum trips? YES / NO</b> (Class trips that may require supervision like trips to Ocean Spa or Sporting Events will require a separate parent permission form)</i>

<b>◆ Declaration</b>
<i>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 search 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 a sound virus and filtering protection, but a degree of student responsibility is still required. Inappropriate behaviour on the computer or the Internet may lead to students being denied access to the schools' computers. Add declare that the information that I have supplied on this enrolment form is true and accurate to the best of my knowledge.</i>

<i>I consent to my child's photo been used on <b>Social Media</b></i>	<b>YES</b>	<b>NO</b>
<i>(No Names on Social Media are attached to Photos that identify students individually)</i>		

Parent/Guardian Signature: _____	Date: ____ / ____ / ____
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