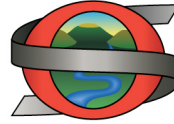


Enrolment Form

Pupil Details (One form per pupil)



**OTAUTAU
SCHOOL**

13 Elles Road, Otautau, 9610

Phone: (03) 2258320

Email: office@otautau.school.nz

This form is to be completed by the parents or caregivers of the student applying for enrolment and must be returned to the Otautau School office together with:

- the student's full birth certificate and/or verification of NZ residency/citizenship
- Proof of immunization - if your child has been vaccinated.

Child's Surname:

Gender: Male / Female

Child's First Names:

Date of Birth: / /

Preferred Name:

Current Year Level:

Home Address:

Date starting at Otautau:
/ /20

Postal Address (if different from above)

Previous School:

Email Address:

First language spoken at home:

Home Phone:

Country of Origin: NZ / _____

Early Childhood Education (only for New Entrant Enrolments)

Please indicate any Early Childhood education this student has received

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

- Attended regularly for the last
_____ year/s

No of hours per week attended _____

- Did not attend regularly, only occasionally

Ministry of Education Details:

Ethnicity: (duel ethnicity may be selected)

NZ European / NZ Maori / (other) _____

Iwi 1 _____ Iwi 2 _____ Iwi 3 _____

If not born in New Zealand: (bring copy of passport and visa)

NZ Residency: Yes / No

Date of Entry into NZ: / /

Date of Parents' Work Permit & Student Visa: / / Visa No:

Country of Birth:

Parent / Caregiver Details (Primary)

1 Mr / Mrs / Miss / Ms	Family Name:
First Names:	Relationship to Child:
Residential Address <i>(if different from child)</i>	Mobile:
	Home Phone:
Occupation:	Work Phone:
Email:	Bill Payer details: Yes No

Parent / Caregiver Details (secondary)

2 Mr / Mrs / Miss / Ms	Family Name:
First Names:	Relationship to Child:
Residential Address: <i>(if different from child)</i>	Mobile:
	Home Phone:
Occupation:	Work Phone:
Email:	

Emergency Contacts: (In the event we are unable to contact parent or caregiver)

Name:	Relationship to Child:
Home Phone:	Mobile Phone:

Medical Contacts and details

Medical Centre / Doctor:	Phone:
Medical Information / Allergies: <i>(any medical problems the school should be aware of)</i>	
Medication: <i>(Please advise if medication should be held at school)</i>	
Has your child been fully immunised <i>(If yes please provide proof of immunization)</i> Fully Partly Not	I give permission for school staff to administer Paracetamol if necessary Yes / No
I Consent to my child participating in the Fontera Milk for Schools Yes / No	

Other siblings likely to attend Otautau School in the future:

1. _____ Date of Birth: / / 2. _____ Date of Birth: / /
2. _____ Date of Birth: / / 4. _____ Date of Birth / /

Custody / Access Arrangements

Court Order Issued: Yes | No | NOT APPLICABLE

Sighted: Yes | No REQUESTED

Custody / Access Arrangements (Please provide a copy of any Parenting Order):

Learning and Behavior Needs

Does your child have any special learning and behavioural needs? If so, please record details:

Consents

- I give permission for the school to make decisions in case of sudden illness or injury of my child. Yes | No
- I give permission for the school to publish original works of my child in any school publications. Yes | No
- I give permission for the school to publish any photos of my child, along with their name, age and class in any school publication. Yes | No
- I give permission for my child's name and contact details to be forwarded to potential secondary schools. Yes | No
- I give permission for my child to be involved in all day trips and visits within the Otautau town boundaries Yes | No

Parent / Caregiver Declaration (to be read and signed)

Privacy statement: The information collected will be used by the school for enrolment and forms an essential part of the information held by the school on your child. The records made from this information may be viewed on request at the school. The information collected 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 principals of the Privacy Act. It will not be disclosed to any other person or agency unless such disclosure is authorized or required by law.

Parent/Caregiver signature: _____ Date: _____

OFFICE USE

Enrolment No:	Date of entry:
Year: Room No:	First Day of Schooling:
House:	Bus Route: