

# Enrolment Checklist

☐ Immunisation Certificate

☐ Birth Certificate or Passport

☐ Enrolment Form

*Information you will need includes:*

☐ Name of child, date of birth, address & phone numbers

☐ Parent/guardians name & relationship to child

☐ Emergency contact name & number

☐ Name of family doctor

☐ Medical history - known allergies, serious illnesses or accidents or any health concerns

☐ Blue Health Card (only applies to new children aged 5 years)

☐ Education outside the classroom Form

☐ Medical Information Form

☐ Computer/Internet Use Form

☐ Permission form for promotional media photographs



# Enrolment Form

We welcome you, your child and your whanau to our school. We are pleased that you have chosen to join our school family and know that you and your child will enjoy your time with us.

## Childs Information

Family Name:

First Name/s:

Preferred Name:

Date of Birth:

Verified  
Y/N

☐

Position in family:

Home language:

## Contact Information

Address:

Telephone:

Confidential  
Y/N

☐

Cellphone:

☐

Fax:

☐

Email:

☐

## Citizenship

Country of Citizenship (if NZ go to next question):

Country of Origin:

Date entered New Zealand:

New Zealand Residency:

YES NO

☐

If no, parent/s has work permit:

☐

Child has student permit:

☐

Verified  
Y/N

Passport no:

☐

## Early Childhood Education

Attended one or more ECE

YES NO

☐☐

Name of ECE provider/s

No of hours per week

Length of time ie. years, months

Was attendance regular, irregular or on schedule?

(Please circle)

## Previous School

Name of School:

Address:

Principal's Name:

## Special Educational Needs

## Ethnicity

Ethnicity

If NZ Maori, please specify iwi:

Hapu (optional):

Waka (optional):

Maunga (optional):

Awa (optional):



In this section we use the term "caregiver". The primary caregiver is the parent who has the most contact with the child during school time. In a single parent family the secondary caregiver could be the absent parent. In the case of caregiver/guardian situations, the secondary caregiver may be one of the child's parents. The emergency contact is the person we would contact if we are unable to contact either of the primary and secondary caregivers.

**Primary Caregiver** *eg. Mum*

First Name:

Last Name:

Relationship to child:

Address (if different from child's):

Confidential  
Y/N

Phone (if different from child's):

Cellphone (if different from child's):

Email (if different from child's):

Occupation:

Employer:

Phone:

Name/s of legal guardians:

**Secondary Caregiver** *eg. Dad*

First Name:

Last Name:

Relationship to child:

Address (if different from child's):

Confidential  
Y/N

Phone (if different from child's):

Cellphone (if different from child's):

Email (if different from child's):

Occupation:

Employer:

Phone:

Extra copy of report to (name &amp; address):

**Emergency Contact**

Name:

Address:

Phone:

Cellphone:

Relationship to child:

**Medical Information**

Please specify any medical conditions or concerns:

Doctors Name:

Telephone:

**Immunisation Record** (please circle)

Immunisation Complete/Immunisation Incomplete/Not Immunised

Verified  
Y/N

In terms of the Privacy Act, I understand the information on this form is collected as part of the information the school holds on my child. Records made from this information may be viewed on request. I approve the forwarding of information when my child transfers to another school and further approve the forwarding of my child's name and address on request from a potential intermediate or secondary school.

I/we agree our child will attend school regularly and will abide by school rules & policies. I/we understand the school will take appropriate action on my/our behalf in the case of sudden illness or injury.

Parent/Caregivers Signature

**OFFICE USE ONLY**

Enrolment Date

Enrolment No

Year

Room

Class Teacher

NSN

Birth Certificate

Immunisation Cert

Passport (if appl.)



# Education outside the classroom

The purpose of this form is to gain permission from parents to allow your child or children to participate in excursions outside the classroom. Frequently, as part of social studies, science, health, language, phys-ed and sports activities we have opportunities to take groups or classes out in the Picton/Waikawa area to visit or see something of particular interest or relevance. Sometimes these visits are for an hour or less.

This permission form will be for excursions or occasions as described above. If we intend going beyond one day (e.g. camps) or the planned excursion involves the use of:

- private or public or water transport
- swimming or outdoor educational visits
- overnight stays away
- leaving the immediate Waikawa/Picton environs
- or to places of heightened risk

a more comprehensive separate permission form will be used for those purposes.

For all excursions we ensure suitable adult/pupil ratio, we take a first aid kit and cell phone so that we can make immediate contact if necessary.

I/we give permission for

to participate in school excursions outside the school grounds.

Signature

Date

## Permission for children to be photographed or filmed for school promotional activities

*Please circle your preference*

I/we agree/disagree for my/our children

being photographed or filmed by staff, the media (i.e. journalists) while at school for school promotional use. I/we agree/disagree for our child's name to be identified in the promotional material. I/we understand that under certain circumstances the above photographs or filmed images may be placed on websites, for example the schools website or the Marlborough Express School Zone website which can be accessed by other viewers.

Name

Signature

Date



# Computer and Internet Use

## *I understand that:*

1. The only purpose for school computers and other Information Technology resources is to support teaching and classroom learning.
2. I will do my best to keep myself safe by following the teacher's instructions while using global information systems such as the computer and the Internet.
3. I know that I am not to access material through the internet which is offensive, dangerous, inappropriate at school or illegal.
4. If I use email at school, I am not permitted to send messages which are offensive, dangerous, inappropriate at school or illegal.\*\*
5. I can use the internet or email at school only if I have teacher permission.

## *I understand how important it is to:*

1. Take care of Information Technology resources, e.g. computers and the internet.
  - 1.1 Be careful with equipment and furniture.
  - 1.2 Respect the copyrights on software that prohibit copying. Use only school software or software approved by a teacher
2. Be considerate of other users.
  - 2.1 Share available equipment.
  - 2.2 Be careful not to waste computers resources etc. paper
  - 2.3 Avoid the disruption of the running of any computer network.
  - 2.4 Take care not to scan or display graphics, record or play sounds, or type messages which could cause offence to others
  - 2.5 Remove immediately from the screen any material that would not be allowed at school, which I accidentally came across and tell the teacher.
3. Be responsible for privacy and security.
  - 3.1 I will not give anyone on the internet information about myself or anyone else – this includes addresses, phone numbers, photographs or credit card information.
  - 3.2 I will use discs only to back up work, or take it to and from home.
  - 3.3 I will tell the teacher if I come across a virus or security problem.

(\*\* Students please ask your teacher if you need any of these terms explained to you.)

## *Parent/Caregivers:*

I have read this Agreement and understand that my child is responsible for using school equipment and the internet as outlined above.

I have gone through the Agreement with my child and explained its importance and that there may be consequences for breaking the Agreement.

I understand while the school will do its best to restrict student access to offensive, dangerous, inappropriate or illegal material at school on the internet or through email; it is the responsibility of my child to have no involvement in such material.

I/we give permission for

to be given access at school to global information systems eg. the internet or email.

Name

Signature

Date

*If you would like to discuss this document or need help with translation, please contact the school office.*