



*He iwitahi e mahi ana
Working together as one*

Rangitaiki School Enrolment Form

School admission Number

Please fill in this form and return to the school with a copy of the student's Birth Certificate, (if not previously enrolled). Passport if born outside of New Zealand (these are the Ministry of Education requirements) an Immunisation Certificate.

Office use only			
Start Date	Room	Year Level	NSN Number

Student's Name	First Parent/caregiver contact
Surname:	Surname:
First Name:	First Name:
Middle Name/s:	Physical Address:
Date of Birth:	
Gender: Male Female	Postal Address (if different from above):
Birth Certificate Registration Number:	
Address (students place of residence):	Home Phone:
	Work:
	Mobile:
	Email Address:
	Relationship to Student:
Custody Arrangements: Yes / No	Country of Birth:
Documentation Received: Yes/No	
Court Order Issued: Yes/No	Second Parent/Caregiver contact
ETHNICITY	Surname:
1. Iwi:	First Name:
2. Iwi:	Physical Address:
3. Iwi:	
Medical Contacts	Home Phone:
Doctor:	Work;
Medical Centre:	Mobile:
Phone:	Email Address:
HEALTH CONCERNS	Relationship to student:
Asthma: <input type="checkbox"/> Details:	Country of Birth:
Allergies <input type="checkbox"/> Details:	
Other: <input type="checkbox"/> Details:	EMERGENCY CONTACTS
IMMUNISATION	No1 – Name:
Completed <input type="checkbox"/> Not Completed <input type="checkbox"/> The school requires the Immunisation Certificate. Please get this signed by your Doctor and attach to the enrolment form.	Relationship to Student:
DISABILITY	Phone:
Yes <input type="checkbox"/> Details:	No2 – Name:
SPECIAL NEEDS	Relationship to Student:
Yes <input type="checkbox"/> Details	Phone:
PRE-SCHOOL EDUCATION	SIBLING AT HOME UNDER 5
<input type="checkbox"/> Kindergarten	Name:
<input type="checkbox"/> Daycare	Birthdate:
<input type="checkbox"/> Home-based Service	Name:
<input type="checkbox"/> Attended Kohanga Reo	Birthdate:
<input type="checkbox"/> Attended Playgroup or Pacific Island EC group	Name:
<input type="checkbox"/> Did not attend	Birthdate:
Hours per week attended:	Name:
Years attended:	Birthdate:
LAST SCHOOL OR PRE-SCHOOL CENTRE ATTENDED:	

CONSENTS**Sudden Injury:**

Yes/No I give permission for the school to make decisions in case of sudden illness or injury of my child.

Community Health:

Yes/No I give permission for my child to be assessed and treated by any Community Health Members.

Publication of Photo and Original Works:

Yes/No I give permission for the school to publish any photos of my child along with their surname, age and class in any school publication.

Yes/No I give permission for the school to publish original works for my child in any school publications, along with my child's name, class and age.

Yes/No Alternatively, I give permission for the school to publish their photo and first name only.

Request for Extra Help

Yes/No I give permission for the school to request extra help for my child from Special Education Resource Teacher for Learning and Behaviour and Resource Teacher for Literacy. I understand that I will be told if extra help is needed for my child.

Internet

Yes/No I give permission for my child to have supervised access to the internet while at school.

Students shall be able to use the internet in accordance with the Code of Conduct and under direct adult supervision as a tool to assist them in their learning.

All Internet use shall be for the purpose of :

Accessing curriculum relevant information for students

Accessing resources relevant to classroom activities and appropriate personal interests

Future Schools

Yes/No I give permission for my child's name and contact details to be forwarded to potential Intermediate or Secondary Schools.

Panadol Pamol Nurofen

I give permission for my child to be given the above medication

Medical Authority

Please circle if your child has any of the following: Migraine Epilepsy Diabetes Chronic nose bleed
Heart condition any other condition the school should know about

Is your child currently taking medication? Yes No

If yes, please state: Aliment/s _____

Name of medicine and dose _____

Time(s) when medicine is given _____

Procedure for giving medicine _____

Condition for which medicine is given _____

Name of prescribing doctor _____

I accept responsibility for: the decision to give this medication to my child, and acknowledge that the school is in no way responsible for that decision, now or in the future. Notify the school about any changes in dosage, time, or procedures. Delivering medication personally to the school. Ensuring that the medicine is not past its expiry date.

I accept that the school: may not have a trained medical officer to administer medications. Cannot guarantee that medication will be given at a precise time or by the same person. I will dispose of any uncollected medicine at the end of the year.

Has your child had any major injuries (breaks or strains) or illness (glandular fever etc) in the last six months that may limit full participation in any activities? Yes No

If yes, please state injury/illness _____

When was your child's last tetanus injection? _____

Is there any other information that we the staff should know about? _____

I give permission:

School Ad in Local Newspaper	Yes/No
School Flyer and pamphlets	Yes/No
Educational Magazine	Yes/No
School Facebook	Yes/No
Website Safety	Yes/No

Information Privacy:

I agree to Rangitaiki School collecting information on my child and that the academic record may be passed to any subsequent school that he/she attends.

Student records may be forwarded on to appropriate educational & health authorities e.g : Hearing & Vision Tester, Dental Therapist, Public Health Nurse, other authorities e.g. Police, Oranga Tamariki, WINZ, if requested.

I certify that the information enclosed in this enrolment form is true. I agree to be bound by all school policies. The school agrees to take care in keeping the information contained in this document private, except where legally required or expressly allowed.

Name: _____

Signature: _____

Date: _____

Parental Consent Form (Enrolment)

Education Outside the Classroom (EOTC) is the name given to all events and activities that occur outside the classroom, both on school grounds, and off-site.

Our students participate in a wide range of learning opportunities within and outside the school grounds. These learning opportunities require travel outside the school.

The school uses a process to identify and manage risks at every level of activity and this process is monitored by the board and the principal. We recognise four levels of activities, each with specific requirements regarding parental/caregiver consent.

Level	Activity
1.	At school, or within the immediate local environment, for example: fun days, nature studies, sports Parents are informed that the event is to occur.
2.	Off-site events occurring entirely in school time for example: visiting farms, finishing no later than 2.30pm Parents are advised of the time if it is later than 2.30pm Parents are informed that the event is to occur.
3.	Off-site or on-site events occurring in one day involving risk assessed to be greater than that associated with the average family activity, for example: water activities (apart from swimming lessons), rock climbing Consent required: parent/caregiver informed consent is required for each specific event
4.	Events occurring overnight, for example: school camp. Consent required: Parent/Caregiver informed consent is required for each specific event.

By signing this form, you consent to your child participating in level 1 and 2 activities. For any level 3 and 4 activity, you will always be provided with a specific consent form.

I/we give permission for our Child, _____		
To participate in level 1 and 2 Education Outside the Classroom activities. I/we have provided the school with up-to-date medical and other information on the school enrolment form and will notify the school of any changes to that information.		
Name _____	Signature _____	Date: / /
Name _____	Signature: _____	Date: / /