

# TIRIMOANA SCHOOL ENROLMENT FORM

☐ In Zone ☐ Out of Zone with priorities

Date enrolled _____ Start Date _____ Year level _____ Room _____ NSN _____ <input type="checkbox"/> Entered on enrolment List <input type="checkbox"/> Entered on SMS Enrolment completed by: _____	<input type="checkbox"/> Entitlement to ESOL Funding Form <input type="checkbox"/> Copy of Birth Certificate <input type="checkbox"/> Passport if born overseas <input type="checkbox"/> Copy of Proof of address <input type="checkbox"/> Copy of Immunization Certificate <input type="checkbox"/> Hearing/Vision Form signed
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## Student Details

**Legal Surname of student:** \_\_\_\_\_ **First name/s:** \_\_\_\_\_  
**Preferred Surname:** \_\_\_\_\_ **Preferred first name:** \_\_\_\_\_  
**Home address:** \_\_\_\_\_ **Postcode:** \_\_\_\_\_  
*(evidence required)*  
**Date of birth** \_\_\_\_\_ **Gender:** Male/Female  
*(Copy of both birth certificate must be supplied and a passport if applicable)*  
**Country of Birth:** \_\_\_\_\_ **Language(s) spoken at home:** \_\_\_\_\_  
**What is your child's primary cultural/ethnic identity?** \_\_\_\_\_  
**Iwi affiliation:** \_\_\_\_\_  
**Siblings Currently at Tirimoana** \_\_\_\_\_  
**Younger siblings in family and date of birth** \_\_\_\_\_

Name of Early Childhood Education: _____ Hours attended per week _____ Age when started _____ Did not attend _____ Attended, outside NZ _____
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<b>Previous School: (If applicable)</b> _____
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### Learning Support:

Has learning support been involved: Yes / No If yes, please specify: \_\_\_\_\_

**Student lives with:** Both Parents, Mother, Father, Guardian, Other (please specify): \_\_\_\_\_

### Parenting and Custody:

Are there any parenting or custody orders in place : Yes / No

If yes, please specify (evidence required): \_\_\_\_\_

CAREGIVER DETAILS 1	CAREGIVER DETAILS 2
<b>Full Name</b> _____	<b>Full Name</b> _____
<b>Relationship to child</b> _____	<b>Relationship to child</b> _____
<b>Phone</b> _____	<b>Phone</b> _____
<b>Email</b> (address best to receive school notifications): _____	<b>Email:</b> _____

**ADDITIONAL CONTACT** (e.g. relative/friend/neighbour)

Full Name \_\_\_\_\_ Phone \_\_\_\_\_

Relationship to child \_\_\_\_\_

**Visa Status (if not a New Zealand citizen)****Permanent Resident:** \_\_\_\_\_ (proof required)**Visa Status** \_\_\_\_\_ **Visa Number** \_\_\_\_\_ **Expiry date** \_\_\_\_\_**Date entered NZ** \_\_\_\_\_ **Student in NZ on a student visa** \_\_\_\_\_**HEALTH INFORMATION – Please list any medical details and information the school should be aware of:****Existing Medical Conditions** \_\_\_\_\_**Regular Medication Taken:** Yes / No

If yes please specify: \_\_\_\_\_

(if medication is to be administered at school a separate Medication Authority Form will need to be completed)

**Vision/Speech/Hearing Needs:** Yes / No please specify \_\_\_\_\_**To help us better understand your child are there any special abilities/learning needs/family issues the school should be aware of?****Permissions/Agreements**

- I give permission for trained school staff to administer first aid to my child, if required. Yes / No
- I give permission for my child to be given Pamol if requested Yes / No
- I give permission that the school will take action on my behalf in case of sudden illness or injury requiring emergency medical treatment. Yes / No
- I agree to my child's image and work being made available for sharing via the school's website, social media account and newsletters. (This includes any photographic material taken during the school day. Your child's first name would be used only.) Yes / No
- I agree to my child using a school device (computer, Laptop, iPad) for learning under supervision by a staff member and I understand that the school cannot eliminate all risks but has procedures aimed to reduce situations where children may be unsafe online. Yes / No
- I agree to the school requesting relevant information from other schools for enrolment purposes and class placements and, to forward relevant information to your child's next school for enrolment purposes and class placements. Yes / No
- I agree that if my child is ill, he/she will be kept at home and I will inform the school by telephone, email, school website or School App of his/her absence each day. Yes / No

**Privacy**

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.

Yes / No

**Declarations**

- I certify that all the information provided on this form is complete, true and accurate to the best of my knowledge. Yes / No
- I certify that I am the current legal guardian of the child named and have disclosed all relevant medical and custodial information. Yes / No

Enrolled by: \_\_\_\_\_

Relationship to child: \_\_\_\_\_

Signed: \_\_\_\_\_

Date: \_\_\_\_\_

Staff Signature: \_\_\_\_\_

Date: \_\_\_\_\_