Paraparaumu Beach School

ENROLMENT FORM

ADMISSION NO.	
DATE.	
ROOM NO.	
YEAR LEVEL	
IN ZONE DECLARATION R'CVD	
COPY BIRTH CERT/PASSPORT (5yr olds and overseas students only)	

PUPIL DETAILS

LEGAL SURNAME: LEGAL FIRST NAMES:

PREFERRED SURNAME: PREFERRED FIRST NAME:

GENDER: DATE OF BIRTH: CURRENT YEAR LEVEL:

ADDRESS:

HOME PHONE: HOME LANGUAGE:

ETHNIC GROUP(S) CHILD RELATES TO (in order of priority):   IWI/HAPU:

COUNTRY OF BIRTH: DATE OF ENTRY TO NZ: NZ RESIDENCY/CITIZENSHIP?

*COUNTY OF CITIZENSHIP: IMMUNISATION CERT: Y/N

PREVIOUS SCHOOL ATTENDED: PARENT EMAIL:

EARLY CHILDHOOD EDUCATION

TYPE OF EARLY CHILDHOOD EDUCATION ATTENDED: ………

(New Entrant Students Only: Please complete additional Early Childhood Education form)

HEALTH

FAMILY DOCTOR: PHONE:

Please indicate any problems your child suffers from by using the following key:
1 = MILD   2 = MODERATE   3 = SEVERE
Please advise any relevant information to school staff before your child starts

ALLERGIES	ASTHMA	SIGHT	HEARING	MEDICATION TAKEN AT SCHOOL?	OTHER
				Yes/No	

OTHER DETAILS

Any other information the school should be aware of: (eg learning or behaviour needs, strengths, concerns, interests, special social or religious beliefs which need to be taken into account in your child's/children's participation in school programmes)

OTHER FAMILY MEMBERS LIKELY TO ATTEND PARAPARAUMU BEACH SCHOOL IN THE FUTURE:

FAMILY NAME: FIRST NAME: DATE OF BIRTH: MALE/FEMALE

FAMILY NAME: FIRST NAME: DATE OF BIRTH: MALE/FEMALE

CUSTODY/ACCESS ARRANGEMENT DETAILS

If only one parent/guardian lives in the school zone, please explain the current custody or access arrangements:

NB: If these arrangements are by Court Order, then the school MUST receive a copy   (Please attach separate sheet if necessary)

*Country of Citizenship relates to a student's nationality and the country of which s/he holds a passport, whether the student was born into that nationality or whether it was adopted at some later date.

PARENT/LEGAL GUARDIAN(S) DETAILS

RELATIONSHIP TO CHILD	FAMILY NAME	FIRST NAME	ADDRESS	CELL PH NO.	HOME PH	WORK PH

OTHER EMERGENCY CONTACTS
(Please list these people in the order in which the school should make contact)

RELATIONSHIP TO CHILD	FAMILY NAME	FIRST NAME	ADDRESS	CELL PH NO.	HOME PH	WORK PH

Our weekly newsletter can be viewed through the Skool Loop App/School website or sent via email. Please indicate which option you will use.

☐ E-mail notification ……………………………………………………………………… ☐ Skool Loop App/School Website

I give permission for any photos, videos, sound recordings or pieces of work belonging to my child to be published for educational purposes eg school's online spaces, newsletters, media celebrations.　　　　Y/N

FORM COMPLETED BY: …………………………………………………

SIGNED: …………………………………………………………………

DATE: …………………………………………………………………….

In terms of the Privacy Act, I understand that all enrolment information and subsequent updates collected 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 any potential secondary school. In accordance with the Privacy Act 1993, information can be shared with other parties when it is for a lawful purpose.

I understand that the school will take action on my behalf in case of sudden illness or injury, and I agree to abide by school policies.

SIGNATURE OF PARENT/GUARDIAN: ……………………………………………………………….

DATE: ………………………………………………………………….

Please ensure you complete the following checklist and hand in all applicable forms with your enrolment
before your child starts school

ENROLMENT FORMS CHECKLIST	
• Enrolment form completed, signed & dated	
• Copy of Birth Certificate *(Five year olds only)*	
• Copy of Passport *(Students from Overseas only)*	
• Early Childhood Participation form *(new entrants only)*	
• Immunisation Certificate (legal requirement whether fully immunised or not)	
• Administering Medication at School form completed *(where applicable)*	
• Declaration of In Zone Residence *(to be signed, dated in front of Senior Management and handed in on day child commences school)* with two forms of **recent** evidence attached	
• Custody Orders *(where applicable)*	