

Ahuroa School Enrolment Form



Student Details

Family Name:		
First Names:		
Address:		
Postal Address: (if different from physical address)		
DOB: / /	Boy / Girl	Year Level: _____
Country Of Birth:	Home Language:	
Ethnic Groups Child Relates To:	Iwi/Hapu:	
Previous School:	Reading Recovery At Previous School? YES / NO / NA	

Parents/Caregivers Details

<u>Parent/Caregiver 1</u> Title: First Name: Family Name: Relationship To Student:	Address: (if different from student) Home Phone Number: Mobile Number: Work Phone Number: Email:
<u>Parent/Caregiver 2</u> Title: First Name: Family Name: Relationship To Student:	Address: (if different from student) Home Phone Number: Mobile Number: Work Phone Number: Email:
<u>1st Emergency Contact (not parents/caregivers)</u> Title: First Name: Family Name:	Home Phone Number: Mobile Number: Work Phone Number: Relationship To Student:
<u>2nd Emergency Contact (not parents/caregivers)</u> Title: First Name: Family Name:	Home Phone Number: Mobile Number: Work Phone Number: Relationship To Student:
Custody/Access Arrangements: Court Order Issued? NO / YES - Please supply copy	

Health Details

Medical Centre:	
Phone Number:	
Doctor:	
Immunisation Completed: YES / NO	Copy of Immunisation provided: YES / NO
<u>Allergies:</u>	<u>Vision:</u>
<u>Medication:</u>	<u>Hearing:</u>
<u>Speech:</u>	<u>Other Health Issues:</u>
<u>Comments:</u>	

Early Childhood Education

<i>Not required if student attended another school before starting at Ahuroa School</i>	
Centre attended before starting school: <input type="checkbox"/> Kindergarten, Education & Care Centre <input type="checkbox"/> Home Based Service <input type="checkbox"/> Playcentre <input type="checkbox"/> Kohanga Reo <input type="checkbox"/> ECE group, type unknown, including Overseas <input type="checkbox"/> Did not attend any type of ECE Centre/Service	Attended _____ hours per week Attended _____ months and/or years

School Donation

<ul style="list-style-type: none">• Donation \$225 <p>I intend to pay my school donation by the method indicated below:</p> <input type="checkbox"/> \$225 at the start of the year. <input type="checkbox"/> \$5 Automatic payment each week (45 weeks) <p>Incidental stationery to be invoiced separately. School Bank Account for deposits: 12-3095-0156182-00</p>
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Parent Approval

I am happy for the school to use and share photographs of my child and/or their work.	Yes <input type="checkbox"/> No <input type="checkbox"/>
I am happy for the school to use and share audio and video recordings of my child and/or their work.	Yes <input type="checkbox"/> No <input type="checkbox"/>
I am happy for the school to administer paracetamol for pain relief.	Yes <input type="checkbox"/> No <input type="checkbox"/>
I would like to receive school notices and information via email.	Yes <input type="checkbox"/> No <input type="checkbox"/>
I agree to my contact details being given out to other parents at the school on request.	Yes <input type="checkbox"/> No <input type="checkbox"/>
I have supplied a copy of Birth Certificate	Yes <input type="checkbox"/> No <input type="checkbox"/>
I have signed and returned the Cybersafety Agreement	Yes <input type="checkbox"/> No <input type="checkbox"/>
I agree that the school will take action on my behalf in case of sudden illness or injury.	
I give permission for my child to attend all school trips.	
I agree to abide by school policies.	
I agree that the school may forward my child's name and address to a potential intermediate or secondary school.	
Signature Of Parent / Caregiver _____	Date: / /

<p>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.</p> <p>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 principles of the Privacy Act. It will not be disclosed to any other person or agency unless such disclosure is authorised or required by law.</p>
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