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Enrolment Form

First Names: _____ Surname: _____

Preferred Name: _____

Male / Female Date of Birth: _____ (dd/mm/yy)

Address: _____

_____ Postcode: _____

Home Phone No: _____ Mobile No: _____

Student's Email: _____

Ethnicity: NZ European

NZ Maori Iwi: _____

Pacific Island Nation: _____

Asian Identify: _____

Other European Identify: _____

Other Specify: _____

Languages spoken at home: _____

Siblings at this school: _____

Previous School: _____ Year: _____

Custody / Access arrangements about which the school should be aware:

Parent / Caregiver Contact Details

Contact 1 Name: _____
Relationship to Student: _____
Address (if different to student): _____
Home Phone No: _____ Mobile No: _____
Email: _____

Contact 2 Name: _____
Relationship to Student: _____
Address (if different to student): _____
Home Phone No: _____ Mobile No: _____
Email: _____

Contact 3 Name: _____
Relationship to Student: _____
Address (if different to student): _____
Home Phone No: _____ Mobile No: _____
Email: _____

Emergency Contact Name: _____
Relationship to Student: _____
Address (if different to student): _____
Home Phone No: _____ Mobile No: _____
Email: _____

Your Child's Health

Doctor / Healthcare Provider

Name: _____

Surgery Address: _____

Phone No: _____

Is this child up to date with vaccinations including Hepatitis B? Yes No

Does this child suffer from allergies? Yes No

Details:

Does your child take any special medication? Yes No

Details:

Do they have any conditions with their:

Sight Speech Hearing

Details:

Are there any other health issues about which the school should be aware? Yes No

Details:

Permissions

1. How will your child travel to / from school?

Bus Walk Car Bicycle Other

2. Where will they eat lunch? At school At home

3. Bible In Schools - We have a half hour session of Bible in Schools which runs each week. Would you like your child to attend these sessions?

Yes No

4. Do you give permission for the school to administer basic first aid and call a doctor or ambulance in case of emergency?

Yes No

5. All parents are automatically part of the Parent Teacher Association (PTA) who fundraise for the school. Are you happy to be contacted by the PTA about social and fundraising activities within the school?

Yes No

6. The staff take photographs / video / drone footage of students to record activities within the school. These may be published in the newsletter, on the school website and / or on the Facebook page and sometimes in the press. It is the school's policy that any photos for publication are positive depictions of the children and will only mention first names if any at all. Do you consent to your child's image and / or work being used in any publication?

Yes No

Please sign below to confirm that you have considered all of the above questions.

Signature: _____

Name: _____

Pre-school Information

Has your child attended pre-schooling? E.g. Playcentre, Kindergarten, Te Kohanga Reo or other.

Yes No Which one? _____

How long have they attended? E.g. 6 months, 2 years _____

On average how many hours did your child attend each week? _____

Family Information

Are there any other family members likely to be attending this school in the future? Yes No

Name	Date of Birth

Does either parent have special skills, resources or experiences which they may be able to share with our school? E.g. hobbies, occupation, travel experience etc.

Details:

Privacy

The information on this form is collected and used by the school in educating your child and for associated school activities. It is available to all staff of the school and members of the Board of Trustees. Please advise the school if you have any concerns about disclosure of any of the information within the school.

The school is sometimes required by law to give information to Government Departments (e.g. Ministry of Education and Ministry of Health) but it will not otherwise be disclosed without your authorisation.

You have the right to request access to and request correction of information held about you by the school. Please contact the school office if any details need to be changed, especially contact details.

Checklist - School Office Use Only

Date enrolment received: / / 20

NSN No: _____

Admission No: _____

Form of identification: _____ Copy taken: Y / N

ID. No: _____

Issue date: _____ Expiry date: _____

Immunisation record received: Y / N / NA Copy taken: Y / N

Forms for Parent / Guardian to sign:

Education Outside of the Classroom	Signed	Y	Copy given	Y
Student Use Agreement (ICT)	Signed	Y	Copy given	Y
Bus Safety Procedure	Signed	Y	Copy given	Y
Under 5's Attending School	Signed	Y / NA	Copy given	Y

Other Information Given

School Information Handbook	Y / N
Paparoa Library	Y / N
ASB School Banking	Y / N

Notes: _____

