



Parent / Caregiver Contact Details

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

Your Child's Health

Doctor / Healthcare Provider

Name:
Surgery Address:
Phone No:
Is this child up to date with vaccinations including Hepatitis B?
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?
Details:

Permissions

How will your child travel to / from school? 1. Walk Bus Car Bicycle Other 2. Where will they eat lunch? ☐ At school At home Bible In Schools - We have a half hour session of Bible in Schools which runs each week. Would 3. you like your child to attend these sessions? **Yes** No Γ Do you give permission for the school to administer basic first aid and call a doctor or ambulance in 4. case of emergency?



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
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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.

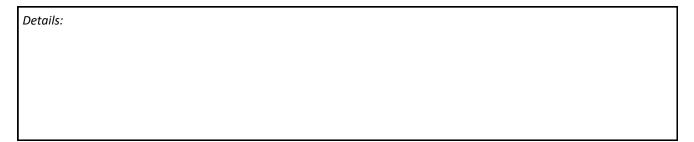
Yes	No	Which one?		
How long have t	hey attended?	PE.g. 6 months, 2 years		
On average how	many hours o	did your child attend eac	h week?	

Family Information

Are there any other family members likely to be attending this school in the future?

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.



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:		_ Exp	oiry date:		
Immunisation record received:	Y / N	/ NA		Copy taken:	(/ N
Forms for Parent / Guardian to si	gn:				
Education Outside of the Classroon	n	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	Υ /	' N			
Paparoa Library	Υ /	' N			
ASB School Banking	Υ /	'N			
Notes:					

