

Please identify if your child has any learning or behaviour needs:

### Permissions

Do you give permission for basic first aid to be administered by staff? Yes / No

Do you give permission for staff to ring the doctor or ambulance in case of an Emergency? Yes / No

Do you give permission for photographs or video of your child to be published in following for the purposes of sharing learning or achievements:

Newsletter Yes / No

Website Yes / No

Facebook Yes / No

Paparoa Press School Articles Yes / No

Within School ie classrooms/office Yes / No

Do you give permission for Health specialists to complete follow-up eye and hearing tests at school? Yes / No

I have read the Blanket EOTC Consent (hand back with form) Yes / No

I have read the Bus Safety Procedure and will discuss with my child Yes / No

I have read the Student ICT Procedure and Use Agreement and will discuss this with my child Yes / No

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

### FOR OFFICE USE ONLY

Room: \_\_\_\_\_ Year: \_\_\_\_\_ Teacher: \_\_\_\_\_

NSN: \_\_\_\_\_ Unique ID: \_\_\_\_\_ Date of Entry: \_\_\_\_\_

Birth Certificate received (NE only)  Immunisation received

Blanket EOTC Consent  ICT Agreement signed

Entered into Etap  Entered into Enrol

## PAPAROA SCHOOL

### *Enrolment Form*



#### Privacy of Information

I agree with Paparoa School collecting personal information on the child named in this enrolment form.

The information collected will be used for school records and 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 2020.

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

### Pupil Details

**Family Name/s:** \_\_\_\_\_

(as on Birth Certificate)

**First Name/s:** \_\_\_\_\_

(as on Birth Certificate)

**Preferred Name:** \_\_\_\_\_

**Date of Birth:** \_\_\_\_/\_\_\_\_/\_\_\_\_

**Boy / Girl / Non Binary**

**Address:** \_\_\_\_\_

**Eldest Child at this school:** Yes / No

**Place in Family** \_\_\_\_ of \_\_\_\_

**Names of members of the family likely to be attending in the future:**

1. \_\_\_\_\_ DOB \_\_\_\_/\_\_\_\_/\_\_\_\_

2. \_\_\_\_\_ DOB \_\_\_\_/\_\_\_\_/\_\_\_\_

### **Parent/Caregiver Details**

**1.**  
Title Family Name First Name Relationship to Child

\_\_\_\_\_

Residential Address: \_\_\_\_\_  
(if different from pupil)

Occupation: \_\_\_\_\_ Hours: \_\_\_\_\_

Mobile \_\_\_\_\_ Home \_\_\_\_\_ Work \_\_\_\_\_

Email: \_\_\_\_\_

**2.**  
Title Family Name First Name Relationship to Child

\_\_\_\_\_

Residential Address: \_\_\_\_\_  
(if different from pupil)

Occupation: \_\_\_\_\_ Hours: \_\_\_\_\_

Mobile \_\_\_\_\_ Home \_\_\_\_\_ Work \_\_\_\_\_

Email: \_\_\_\_\_

### **3. Emergency Contact 1**

Name: \_\_\_\_\_ Relationship to Child: \_\_\_\_\_

Mobile: \_\_\_\_\_

### **4. Emergency Contact 2**

Name: \_\_\_\_\_ Relationship to Child: \_\_\_\_\_

Mobile: \_\_\_\_\_

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Child lives with: \_\_\_\_\_

Name/s of Legal Guardian/s: \_\_\_\_\_

### **Custody/Access Arrangements**

(if there are custody arrangements, please make an appointment with the principal)

Court Order Issues - Yes / No / N/A

### **School Details**

Previous School: \_\_\_\_\_ Year: \_\_\_\_\_  
(if applicable)

#### **For New Entrants only**

Preschool Attended: Playgroup / Kindergarten / Kohanga Reo / None

Time Period attended (eg 1 year) \_\_\_\_\_

Hours Attended (per week) \_\_\_\_\_

Has your child ever been stood down, suspended or expelled? Yes / No

### **Ethnicity**

Ethnic Group your child relates to:

- European/Pakeha**  **NZ Maori - Iwi** \_\_\_\_\_  
 **Cook Island Maori**  **Pacific Islands:** \_\_\_\_\_  
 **Asian:** \_\_\_\_\_  **Other:** \_\_\_\_\_

Country of Birth \_\_\_\_\_ Home Language: \_\_\_\_\_

**NZ Residency/Citizenship** (if Country of Birth is not NZ or Australia)

Date of Entry to NZ:

(A valid visa must be copied for school records)

### **Medical Information**

Doctor: \_\_\_\_\_ Ph No: \_\_\_\_\_

Does your child have any medical conditions? Yes / No

If Yes, please explain:

Does your child require medication to be taken at school Yes / No

If Yes, please explain:

### **Other**

Please identify how your child will be travelling to and from school.

- Bus**  **Walk**  **Car**

If bus, please identify which route:  Pahi

Taipuha