

## Enrolment Application

Student Name: \_\_\_\_\_



Enrolling as:	Regular Student	<input type="checkbox"/>
	International Student	<input type="checkbox"/>

<b>SCHOOL USE ONLY</b>	Date of Birth ___ / ___ / ____	Year: ____	Room Number: ____		
Admission Number: ___ / ____	NSN Number: _____				
House: Kowhai/Matipo/Rimu/Totara					
Date of Commencement: _____	<table border="1"> <tr> <td>1st Visit: ___ / ___ / ____</td> </tr> <tr> <td>2nd Visit: ___ / ___ / ____</td> </tr> </table>			1st Visit: ___ / ___ / ____	2nd Visit: ___ / ___ / ____
1st Visit: ___ / ___ / ____					
2nd Visit: ___ / ___ / ____					
Year 1 / Year 2 / Year 3 / Year 4 / Year 5 / Year 6					
BC Copy & DOB Verified: <input type="checkbox"/>	Health Form: <input type="checkbox"/>	Library Notified: <input type="checkbox"/>			
Address Verified: <input type="checkbox"/>	Dental Form: <input type="checkbox"/>	Cumulative File: <input type="checkbox"/>			
Student Visa: <input type="checkbox"/>	Work Visa (parent): <input type="checkbox"/>	Permanent Residency: <input type="checkbox"/>			
Entered SMS: <input type="checkbox"/>	Enrol Completed: <input type="checkbox"/>	Insurance: <input type="checkbox"/>			
Fees on SMS: <input type="checkbox"/>	Zone: Y N Sib	Parent info Morning: <input type="checkbox"/>			

**STUDENT DETAILS**

First Names: \_\_\_\_\_ Family Name \_\_\_\_\_

Preferred /English name: (for use in class) \_\_\_\_\_ Date of Birth: \_\_/\_\_/\_\_\_\_

Male:  Female:  Copy of birth Certificate included and or Passport:

Date first started any school \_\_/\_\_/\_\_\_\_

Date of arrival in New Zealand \_\_/\_\_/\_\_\_\_ (if within last 3 years) Visa attached

Country of Birth: \_\_\_\_\_

Ethnicity: (ie: NZ European, Maori, Samoan, Pacific Islander, Korean, Japanese, South African, Chinese, Indian & Other)

1. \_\_\_\_\_ 2. \_\_\_\_\_ 3. \_\_\_\_\_

If Maori – Iwi 1. \_\_\_\_\_ 2. \_\_\_\_\_ 3. \_\_\_\_\_

First Language: \_\_\_\_\_ Other Languages: \_\_\_\_\_

Child Living with Mother and Father:  Mother:  Father:  Caregiver/Agent (indemnity signed):

**Mother or Guardian: (please circle)**

First Name: \_\_\_\_\_

Family Name: \_\_\_\_\_

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

\_\_\_\_\_ Postcode \_\_\_\_\_

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

Phone (Home): \_\_\_\_\_

(Mobile): \_\_\_\_\_

(Work): \_\_\_\_\_

(E-Mail): \_\_\_\_\_

**Father or Guardian: (please circle)**

First Name: \_\_\_\_\_

Family Name: \_\_\_\_\_

Address (if different): \_\_\_\_\_

\_\_\_\_\_ Postcode \_\_\_\_\_

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

Phone (Home): \_\_\_\_\_

(Mobile): \_\_\_\_\_

(Work): \_\_\_\_\_

(E-Mail): \_\_\_\_\_

**PREVIOUS SCHOOL / KINDERGARTEN / CHILD CARE CENTRE**

School Name: \_\_\_\_\_ Current Class Level: \_\_\_\_\_

Copy of Current Class Report included:

**Please note of any other relevant information below:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**INTERNATIONAL STUDENTS ONLY**

**Will you be applying for New Zealand Residency (향후영주권 신청여부) YES / NO**  
If so you must be living in zone to be accepted as a domestic student to continue at this school.

**As parents of the above named student, you are required to become familiar with:**

**(1) The summary of “The Code of Practice for the Pastoral Care of International Students**

**Alternative contact (emergency)**

First Name: \_\_\_\_\_

Family Name: \_\_\_\_\_

Relationship to child: \_\_\_\_\_

Phone (Home): \_\_\_\_\_

(Mobile): \_\_\_\_\_

(Work): \_\_\_\_\_

**Alternative contact (emergency)**

First Name: \_\_\_\_\_

Family Name: \_\_\_\_\_

Relationship to child: \_\_\_\_\_

Phone (Home): \_\_\_\_\_

(Mobile): \_\_\_\_\_

(Work): \_\_\_\_\_

Siblings at Mairangi Bay School:

1. \_\_\_\_\_ 2. \_\_\_\_\_ 3. \_\_\_\_\_

Siblings yet to start: \_\_\_\_\_ DOB \_\_\_\_\_

Siblings yet to start: \_\_\_\_\_ DOB \_\_\_\_\_

Siblings yet to start: \_\_\_\_\_ DOB \_\_\_\_\_

**Participation in Early Childhood Education**

**Did your child regularly attend Early Childhood Education service(s) in the six months prior to starting school?**

*“Regularly attend” means the child was booked in to a service and generally went to those sessions unless they were sick, or on holiday or had a family occasion, etc.*

No, did not attend Early Childhood Education. **Go to page 4.**

Not regularly, only occasionally with no on-going schedule. **Complete Table 1**

**Table 1**

Please tick the appropriate box	
Attended, but only outside New Zealand	
Attended, but don't know what type of service	
Unable to establish if attended or not	

Yes, for the last \_\_\_\_ years. **Complete Table 2**

**Table 2**

Please enter the number of <b>hours per week</b> for up to three simultaneous services	Service 1 HOURS	Service 2 HOURS	Service 3 HOURS
a. Kohanga Reo			
b. Playcentre			
c. Kindergarten or Education and Care Centre			
d. Home based service			
e. Playgroup			
f. The Correspondence School – Te Aho O Te Kura Pounamu			

**Note: The Ministry of Education require that you provide the following information.**

## HEALTH

Doctor: \_\_\_\_\_ Phone: \_\_\_\_\_

Known Medical Conditions: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

I give the school permission to give my child Paracetamol, Panadol or Pamol as appropriate): Yes:  No:

I will advise the school and provide written permission should additional medication need to be administered at school.

Medication: \_\_\_\_\_

Allergies: \_\_\_\_\_

## DECLARATION

The information given on this form is true and correct.

I declare that we reside in the Mairangi Bay School zone.

I understand that the information provided may be used for school based activities and be passed to other agencies who work with the school for educational purposes.

I understand that a 21 day absence requires re-enrolment and I must be living within the Mairangi Bay School's enrolment zone for automatic re-entry.

I understand that my child's records will be passed to subsequent schools.

I give authority to the Principal to act on my behalf in any medical emergency.

I give permission for my child to attend all approved educational visits and trips.

I give permission for the school to publish images of my child on the school website; in the school newsletter and yearbook; and, in newspaper and magazine articles covering school activities in accordance with school policy.

I give permission for my child to access the internet in accordance with school policy.

I give permission for my child to participate in approved university research projects provided it is anonymous.

I agree to abide by all Board of Trustee policies.

Signature: \_\_\_\_\_ Mother/Father/Guardian (circle one) Date: \_\_\_\_\_

## Required Documentation / Check List

1. Proof of residence in zone. ( Latest utility bill, please note council/water rates accounts are not accepted )
2. Copy of Birth Certificate or passport and student visa
3. Copy of Immunisation Certificate. (5year olds only)
4. Copy of latest report from previous school. (if applicable)
5. Insurance. (International Only)
6. Signed Declaration