

ENROLMENT APPLICATION



TAURANGA
Primary School

2018/19

In Zone / Out of Zone circle appropriate application

Legal Last Name:	Preferred Last Name: <small>(if different)</small>	
Legal First Name:	Preferred First Name: <small>(if different)</small>	
Legal Middle Name:	Date of Birth:	
Gender: Male / Female / Other <small>(please circle)</small>	Current School Year Level:	
Main Language spoken at home: <small>(please circle)</small> English, Māori, Korean, Hindi, Punjabi, Cantonese, Mandarin, Urdu, Other: _____ <small>(please state)</small>		
Child's Ethnicity: _____		
If Māori, please advise child's iwi affiliations <small>(can select up to three iwi):</small> _____		
Mother or Main Caregiver 1: Lives with <input type="checkbox"/> Send invoices: <input type="checkbox"/> Send copy of report <input type="checkbox"/>		
Mr. / Mrs. / Ms. / Miss	Last Name:	
First Name:	Relationship to Student:	
Home Address:	Post Code:	
Email Address:		
Home Phone:	Mobile:	Work:
Occupation:	Employer:	
Father or Main Caregiver 2: Lives with <input type="checkbox"/> Send invoices: <input type="checkbox"/> Send copy of report <input type="checkbox"/>		
Mr. / Mrs. / Ms. / Miss	Last Name:	
First Name:	Relationship to Student:	
Home Address:	Post Code:	
Email Address:		
Home Phone:	Mobile:	Work:
Occupation:	Employer:	
Names of eldest brother / sister currently enrolled at our school:		
Place in Family: (e.g.) 1 st of 4 children:		

For School use:

- Birth Certificate / Passport attached
 Proof of address attached

Enrol NSN: _____ Etap enrolment no: _____

House: _____ Year Level: _____ Room: _____

Zone:

Priority:

Start Date:

Step Parent:		Lives with <input type="checkbox"/>	Send invoices: <input type="checkbox"/>	Send copy of report <input type="checkbox"/>
Last Name:		Mr. / Mrs. / Miss / Ms.		
First Name:		Relationship to Student:		
Home Address:				
Email Address:				
Home Phone:		Mobile:	Work:	
Non-Custodial Parent:		Send invoices: <input type="checkbox"/>	Send copy of report <input type="checkbox"/>	
Last Name:		Mr. / Mrs. / Miss / Ms.		
First Name:		Relationship to Student:		
Home Address:				
Home Phone:		Mobile:	Work:	
Emergency Contact 1: Living in Tauranga (other than parent / step-parent above)				
Name:		Relationship to Student:		
Home Phone:		Mobile:	Work:	
Emergency Contact 2: (other than parent / step-parent above)				
Name:		Relationship to Student:		
Home Phone:		Mobile:	Work:	
Students enrolling from another school:				
Previous Primary School:				
Date left:		Year Level:		
Reason for Leaving:				
Ethnicity and eligibility for enrolment:				
Child's Country of Birth (name country):				
New Zealand Citizen:		Yes / No	Birth Certificate No:	
New Zealand Resident:		Yes / No	Passport No:	
Australian Citizen:		Yes / No	Residency Permit No:	
New Zealand Student Permit:		Yes / No	Date of Entry to NZ:	
Custody Details		Yes / No	Court Details Yes / No	
Please provide any custody details that may impact on your child(ren) at this school. Attach relevant documentation to this form. Without this documentation the school has limited powers to assist.			Please provide any Court Orders that affect your child/ren at this school. Attach relevant documentation to this form. Without this documentation the school has limited powers to assist.	
Access Details: Please provide any access details that impact on your child whilst attending Tauranga Primary School.				

Health Information:

Doctor: _____ Practice: _____
Phone No: _____

All immunisations completed: **yes / no** Certificate attached: **yes / no**

Medical: Health conditions / Allergies / Medication / Vision / Hearing – **Please attach all relevant medical reports.**

Learning Information: any learning or behavior challenges, strengths and interests. Please note any involvement with an early childhood learning support service (Ministry of Education) or health based services e.g. CAMHS, pediatrician, speech therapists, public health nurse - **Please attach all relevant medical reports.**

Please list any other relevant information you wish to disclose or to be noted in support of this enrolment form: (also please advise if any family members were past students of Tauranga Primary School)

Other Pre-Schoolers whom you intend to enroll at Tauranga Primary School at a later date:

Name: _____ **Name:** _____
DoB: ____/____/____ Male / Female DoB: ____/____/____ Male / Female

Early Childhood Education (ECE) : To be completed for New Entrant enrolments only

Did your child regularly attend an Early Childhood Education facility? e.g. kindy, kōhanga reo, daycare

a: Yes, for the last _____ year(s).

b: Not regularly, only occasionally.

c: No, he/she did not attend ECE.

Name of pre-school / kindergarten / kōhanga / daycare: _____

Please enter the number of hours per week for up to 3 services	Service 1 (hrs./week)	Service 2 (hrs./week)	Service 3 (hrs./week)
a) Kōhanga Reo			
c) Kindergarten or Early Childhood Centre			
d) Home based childcare service			
f) Correspondence School			
g) Attended pre-school outside of New Zealand			

Parent / Caregiver permission statements:**Procedures**

I/we agree to abide by the Procedures and Guidelines of the school, copies of which are in the school office for you to sight.

Parent/Caregiver:

School Uniform

I/we understand that the wearing of school uniform is a condition of enrolment at Tauranga Primary School. I will ensure my child is suitably dressed in regulation school uniform and wears the uniform with pride.

Parent/Caregiver:

Child's Property

I/we understand the school will take all reasonable steps to ensure the safekeeping of my child's property but the school will not accept liability for such loss. All property needs to be named.

Parent/Caregiver:

School Trips and Visits

I/we give permission for my/our child/ren to attend school trips and visits during their time at this school.

I understand, I will be notified of any such trips/events and I understand that I have the right to send a note exempting my child from a school trip/event.

Behaviour Management Plan

I/we understand that the school has a Behaviour Management Plan that makes our school a safe place for all students and staff. I will support the school's behaviour initiatives.

I/we also agree to pay for any intentional or willful damage that my child causes at the school.

Parent/Caregiver:

I understand the school has in place EOTC (Education Outside The Classroom) guidelines. These include risk analysis procedures and the requirement to plan all school trips with a focus on child safety and enjoyment.

Any overnight camp experiences will require additional permission procedures. All parents accompanying students on an overnight camp will be police vetted.

Parent/Caregiver:

Attendance and Punctuality

I/we agree to ensure our child attends school every day. In the event of illness/approved family commitments we will contact the school on the morning of the first day of absence to report their non-attendance and expected return date.

I/we agree our child will be at school by 8:40am each day ready for their learning and picked up no later than 3:10pm each afternoon unless advised.

Parent/Caregiver:

Cyber Safety and IT Use:

I/we give permission for my/our child to use the school's IT equipment and access the internet for learning purposes. We will support the school should my child engage in unsafe online behaviour that is harmful to others or our school reputation.

Parent/Caregiver:

Other:

- I/we give permission for my child's school work to be used in school displays or publicity material including online publication e.g. the school website and information booklet.
- I/we give permission for my child to take part in school programmes that involve the preparation of food.
- I/we give permission for photos, my child may be in, to be on our school website and Facebook page. Please note no last names are used in this forum.
- I/we give permission for my child's photo to be used in the promotion of the school.
- I/we give permission for the school to take action on my behalf in the case of sudden illness or injury that affects my child.

Parent/Caregiver:

Date:

For school use:

Imm. Verified: _____ **Dental Consent:** _____ **ORRS Status:** _____

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