



Office Use only: Enrolment No. ____/____
 Room. ____ Year ____ Teacher _____
 NSN _____
 Start date _____ Visit Dates _____

ENROLMENT FORM

(INFORMATION PACK CAN BE PICKED UP FROM THE OFFICE)

STUDENT DETAILS

Surname	First Name(s)	Preferred Name
Residential Address (evidence is required) _____ _____ _____	Home Phone	Date of Birth (Birth Certificate/passport required)
	Email address (Mother)	
	Email address (Father)	
Postal Code _____ In zone / Out of Zone	Gender: Male / Female	Year level: NE 1 2 3 4 5 6 New Entrants: We will advise the start date and two visit dates 4 weeks prior to your child starting at Greenhithe School
Student lives with: Both Parents / Mother / Father / Guardian Other (please specify)	Name of siblings currently at this school _____ DOB: _____	Name of previous pre-school / School _____
	Name of siblings who may attend this School _____	Hrs/week Number of Years:

FIRST CONTACTS e.g. Mother /Father / Guardian

1 Full Name _____ Relationship to child _____ Address: _____ Home phone _____ Mobile: _____ Work phone _____	2 Full Name _____ Relationship to child _____ Address: _____ Home phone _____ Mobile: _____ Work phone _____
------------------------------------------------------------------------------------------------------------------------------------	------------------------------------------------------------------------------------------------------------------------------------

ALTERNATIVE EMERGENCY CONTACTS e.g. relative/friend/neighbour

Full Name _____ Relationship to child _____ Daytime phone _____ Mobile phone _____	Full Name _____ Relationship to child _____ Daytime phone _____ Mobile phone _____
---------------------------------------------------------------------------------------------	---------------------------------------------------------------------------------------------

MEDICAL INFORMATION

CUSTODY / ACCESS RESTRICTIONS

Doctors name _____ Phone _____ Existing Medical Conditions _____ _____ Immunisations completed and Certificate received YES / NO	Note custody issues here (attach appropriate documents)
---------------------------------------------------------------------------------------------------------------------------------------------------	---------------------------------------------------------

ETHNIC BACKGROUND

What primary ethnicity would you like recorded on our school roll: _____
Other Ethnicities: _____
Country of Birth: _____ Language spoken at home: _____
Maori <input type="checkbox"/> Iwi Affiliation 1. _____ 2. _____ 3. _____

PERMISSION AND CONSENT DETAILS

- I give permission for my child to attend all Education Outside the Classroom Trips (E.O.T.C) Individual permission will be sought for overnight trips/excursions in High risk situations. YES / NO
- I give permission for my child's photograph to be used for promotional purposes e.g. magazine, media, web site etc YES / NO
- I give permission for my child to use the school computers and internet within the constraints of the school's internet policy. My child will not bring disks to school, neither will my child use the computer without supervision. (All school computers have internet safety programmes installed) YES / NO
- I give permission for the school to seek medical attention in the event of an emergency, or being unable to contact me. YES / NO

In terms of the Privacy Act 1993 the school needs your written consent for the following matters. Please help us by showing YES or NO where indicated.

- | | |
|------------------------------------------------------------------------------------------------------------|----------|
| 1. I agree to Greenhithe Primary School collecting information relating to my child's educational progress | YES / NO |
| 2. I agree to Greenhithe Primary School requesting records from my child's previous school | YES / NO |
| 3. I agree to Greenhithe Primary School sending records to another school should my child leave | YES/ NO |
| 4. I agree to my child's records being open to access by: | |
| a. the School Dental Nurse | YES / NO |
| b. the Public Health Nurse | YES / NO |
| c. Special Education Services staff | YES / NO |

PLEASE NOTE:

- The Dental Therapist periodically seeks names and classes to follow up on children who are not enrolled with the Dental Clinic.
- Health Consent Forms completed by parents/caregivers are forwarded to the school's designated Public Health Nurse.
- Records are made available for Hearing and Vision Testing taking place within the school.

Are there any special abilities/needs/issues the school should be aware of concerning your child?

Parent signature _____ Date _____