

Te Horo School Enrolment Form



Student information

Legal surname

Legal first name

Legal middle name/s

Preferred first name

Date of birth

Gender

Country of birth

Date of entry to NZ (if not born here)

Country of citizenship

Iwi

Ethnicity, ie Maori, NZ European, Chinese, Samoan, etc

Language/s spoken at home

First schooling date (this is the date your child commenced their schooling, ie 5th birthday)

Intended start date

Previous school name (if applicable)

If transferring from another school, what year level?

Pre-schooling

Early childhood education centre/s attended

- Kindergarten
- Playcentre
- Kohanga Reo
- Education and Care Centre
- Playgroup
- Outside of NZ

Did your child regularly attend an ECE?

- Yes:
 - for the last 6 months
 - for the last 12 months
 - for the last 2 years
 - for the last 3 years
 - for the last 4 years
 - for the last 5 years
- Did not attend an ECE
- Attended, but only occasionally

Name/s of the ECE provider

How many hours per week did your child attend?

Previous school

Name of previous school if transferring

Eligibility

Do you live in the Te Horo School Zone?

- Yes
 No

The Education Act 1989 gives a guarantee of enrolment to students who live in the home zone specified in the school's enrolment scheme. The board needs to be sure that an in-zone address is genuine, because it is required to manage the enrolment scheme for the benefit of local students.

I confirm that my child's address as indicated below will be the usual place of residence when the school is open for instruction. I will advise the school of any subsequent change of address.

Caregiver signature: _____

Siblings already attending Te Horo School

Siblings likely to be attending in future

DOB

Child's address and living arrangements

Address

Who does the student live with?

- | | |
|--|---|
| <input type="checkbox"/> Mother | <input type="checkbox"/> Father |
| <input type="checkbox"/> Grandmother | <input type="checkbox"/> Grandfather |
| <input type="checkbox"/> Stepmother | <input type="checkbox"/> Stepfather |
| <input type="checkbox"/> Foster parent | <input type="checkbox"/> Other (describe below) |

Are there any Custody / Access Arrangements the school should be aware of?

--

Primary contact 1

First name

--

Last name

--

Gender

--

Relationship to child

- | | |
|---|--------------------------------------|
| <input type="checkbox"/> Mother | <input type="checkbox"/> Father |
| <input type="checkbox"/> Grandmother | <input type="checkbox"/> Grandfather |
| <input type="checkbox"/> Stepmother | <input type="checkbox"/> Stepfather |
| <input type="checkbox"/> Foster parent | <input type="checkbox"/> Caseworker |
| <input type="checkbox"/> Other (describe below) | |

Address

Email

--

Cellphone

--

Home phone

--

Work phone

--

Are you a legal guardian?

- Yes No

Are you a bill payee?

- Yes No

Occupation

--

Does the child reside at your address? Yes No

Primary contact 2

First name

Last name

Gender

Address

Relationship to child

- | | |
|---|--------------------------------------|
| <input type="checkbox"/> Mother | <input type="checkbox"/> Father |
| <input type="checkbox"/> Grandmother | <input type="checkbox"/> Grandfather |
| <input type="checkbox"/> Stepmother | <input type="checkbox"/> Stepfather |
| <input type="checkbox"/> Foster parent | <input type="checkbox"/> Caseworker |
| <input type="checkbox"/> Other (describe below) | |

Email

Cellphone

Home phone

Work phone

Are you a legal guardian?

- Yes No

Are you a bill payee?

- Yes No

Occupation

Does the student reside at your address? Yes No

Parent/guardian not living with your child

Separated parents/guardians have a right to be informed of a child's progress, receive school reports, attend interviews and school events, etc. If this information is to legally withheld, please advise the school.

First name

Last name

Gender

Address

Relationship to child

- | | |
|---|--------------------------------------|
| <input type="checkbox"/> Mother | <input type="checkbox"/> Father |
| <input type="checkbox"/> Grandmother | <input type="checkbox"/> Grandfather |
| <input type="checkbox"/> Stepmother | <input type="checkbox"/> Stepfather |
| <input type="checkbox"/> Other (describe below) | |

Email

Cellphone

Emergency contact 1 (this must be someone other than a primary contact)

<p>First name</p> <input style="width: 95%;" type="text"/>	<p>Last name</p> <input style="width: 95%;" type="text"/>										
<p>Gender</p> <input style="width: 95%;" type="text"/>	<p>Relationship to child</p> <table border="0" style="width: 100%;"> <tr> <td><input type="checkbox"/> Mother</td> <td><input type="checkbox"/> Father</td> </tr> <tr> <td><input type="checkbox"/> Grandmother</td> <td><input type="checkbox"/> Grandfather</td> </tr> <tr> <td><input type="checkbox"/> Stepmother</td> <td><input type="checkbox"/> Stepfather</td> </tr> <tr> <td><input type="checkbox"/> Foster parent</td> <td><input type="checkbox"/> Caseworker</td> </tr> <tr> <td colspan="2"><input type="checkbox"/> Other (describe below)</td> </tr> </table>	<input type="checkbox"/> Mother	<input type="checkbox"/> Father	<input type="checkbox"/> Grandmother	<input type="checkbox"/> Grandfather	<input type="checkbox"/> Stepmother	<input type="checkbox"/> Stepfather	<input type="checkbox"/> Foster parent	<input type="checkbox"/> Caseworker	<input type="checkbox"/> Other (describe below)	
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<p>Home phone</p> <input style="width: 95%;" type="text"/>	<p>Work phone</p> <input style="width: 95%;" type="text"/>										

Emergency contact 2 (this must be someone other than a primary contact)

<p>First name</p> <input style="width: 95%;" type="text"/>	<p>Last name</p> <input style="width: 95%;" type="text"/>										
<p>Gender</p> <input style="width: 95%;" type="text"/>	<p>Relationship to child</p> <table border="0" style="width: 100%;"> <tr> <td><input type="checkbox"/> Mother</td> <td><input type="checkbox"/> Father</td> </tr> <tr> <td><input type="checkbox"/> Grandmother</td> <td><input type="checkbox"/> Grandfather</td> </tr> <tr> <td><input type="checkbox"/> Stepmother</td> <td><input type="checkbox"/> Stepfather</td> </tr> <tr> <td><input type="checkbox"/> Foster parent</td> <td><input type="checkbox"/> Caseworker</td> </tr> <tr> <td colspan="2"><input type="checkbox"/> Other (describe below)</td> </tr> </table>	<input type="checkbox"/> Mother	<input type="checkbox"/> Father	<input type="checkbox"/> Grandmother	<input type="checkbox"/> Grandfather	<input type="checkbox"/> Stepmother	<input type="checkbox"/> Stepfather	<input type="checkbox"/> Foster parent	<input type="checkbox"/> Caseworker	<input type="checkbox"/> Other (describe below)	
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How will your child be travelling to school?

- Car Walk/bike Bus

If you wish your child to travel by bus, please tick which afternoons they will be on the bus*

- Mon Tues Wed Thurs Fri

Start date

* This will inform our afternoon bus register. Please note that the school must be notified if your child is not going to be on the afternoon bus by 2.30pm on that day.

Medical details

Doctor's name

Medical centre

Address

Phone

Does your child have any severe medical conditions that the school should be aware of?

Do they take medication, and will the school be required to store and administer?

Does your child suffer from allergies (eg bee stings, nuts, etc) or asthma?

Do they take medication, and will the school be required to store and administer?

Does the school have your permission to act on your behalf in an emergency situation?

Yes No

In the case of headaches, sore throat, etc, do we have your permission to give your child paracetamol?

Yes No

Does your child have a blood borne virus eg Hep B or AIDS? Yes No

Is your child immunised? Yes No Partly (please provide details)

Permissions

I give permission for my child's photo to appear on school noticeboards and in the newsletter

Yes No

I give permission for my child's photo to appear on the website

Yes No

I give permission for my child's photo to appear in the newspaper

Yes No

I have read the Internet Use Agreement and I am aware of the school's initiatives to maintain a cybersafe learning environment, including my child's responsibilities

Yes No

I give permission for my child to undertake visits and/or trips outside the classroom, within the Horowhenua/Kapiti/Wellington environs. Transport may include travel by bus, car, train or on foot.

Yes No

In terms of the Privacy Act, I understand that this information collected will form part of the essential information the school holds on my child. The records made from this information may be viewed on request at the school. I approve the forwarding of pupil information to appropriate educational and health authorities, within the limitations of the Privacy Act. I further approve the forwarding of my child's name and address to a potential intermediate or secondary school.

Signature of parent/caregiver

Date

CHECKLIST OF THINGS TO INCLUDE WITH YOUR APPLICATION

- Birth certificate or passport
- Proof of eligibility (if not born in NZ), eg residency permit, certificate of citizenship, domestic visa
- Proof of address, eg phone or electricity bill
- Immunisation certificate
- Signed Internet Use Agreement (for children in Year 3 and above)

OFFICE USE ONLY

-
-
-
-
-

FOR OFFICE USE ONLY:

- | | | |
|--|--|--|
| <input type="checkbox"/> Preschooler listed on Enrol | National student number | |
| <input type="checkbox"/> Entered on Enrol | Date of entry | |
| <input type="checkbox"/> Record of Admission completed | Admission number | |
| <input type="checkbox"/> Entered on bus list | Room number / year level | |
| <input type="checkbox"/> Emergency card on file | Teacher | |
| <input type="checkbox"/> Added to Google contacts and newsletter group | | |
| <input type="checkbox"/> Added to parent contact list in evac folder | | |
| <input type="checkbox"/> Added to house list | House name | |
| <input type="checkbox"/> School hat issued | | |
| <input type="checkbox"/> Photo taken and displayed | <input type="checkbox"/> Welcome certificate printed | |
| <input type="checkbox"/> School Guide issued | | |
| <input type="checkbox"/> Stationery issued | <input type="checkbox"/> Full pack | |
| | <input type="checkbox"/> Individual items | |
| | | |
| <input type="checkbox"/> Account created in Xero | <input type="checkbox"/> Voluntary donation invoice sent | |
| | <input type="checkbox"/> Stationery invoice sent | |

If not in-zone, comment on eligibility:

Principal's signature

School stamp