

# WAIOURU PRIMARY SCHOOL

## Student Enrolment Form

Ruapehu Road, Waiouru, 4826

Phone (06) 3876860 email: office@waiouru.school.nz

Web page: www.waiouru.school.nz Facebook page: www.facebook.com/WaiouruSchool/



**Waiouru School**

Ekea tō tāpuhipuhi  
Climb to the highest peak, strive  
for success!

### STUDENT DETAILS

Surname \_\_\_\_\_

Legal Surname \_\_\_\_\_

All first name/s \_\_\_\_\_

Preferred name (known by) \_\_\_\_\_

Gender \_\_\_\_\_ Date of Birth (dd/mm/yy) \_\_\_\_\_

(Birth Certificate to be sighted upon Enrolment if this is the 1<sup>st</sup> time enrolled in any NZ school)

Country of birth \_\_\_\_\_

Residency / Citizenship? Yes / No If No, enter details below:

\_\_\_\_\_

Date NZ Entry \_\_\_\_\_ (dd/mm/yy)

Language spoken at home \_\_\_\_\_

### PARENT/GUARDIAN DETAILS – please nominate two parent/caregivers and two emergency contacts

**Mother/Guardian:** Name \_\_\_\_\_ Occupation \_\_\_\_\_

Lives with?

**If not Mother, please indicate relationship:** \_\_\_\_\_

Home Address (Physical) \_\_\_\_\_

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

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

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

**Father/Guardian:** Name \_\_\_\_\_ Occupation \_\_\_\_\_

Lives with?

**If not Father, please indicate relationship:** \_\_\_\_\_

Home Address (Physical) \_\_\_\_\_

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

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

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

**Emergency Contact:** Name \_\_\_\_\_ Name \_\_\_\_\_

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

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

Relationship to student: \_\_\_\_\_

## CUSTODY ACCESS

Court order issued? Yes / No / NA

Attach further info as required

## PREVIOUS SCHOOLING (including early childhood education)

Student is transferring from School (name) \_\_\_\_\_ Year Level \_\_\_\_\_

**Please indicate what Early Childhood Centre this student attended (if just starting school this year)**

- Kohanga Reo
- Playcentre
- Kindergarten or Early Childhood Education Centre
- Home Based Service
- Attended, but only outside New Zealand
- Did not attend any service

Was ECE regularly attended?

- Yes, for the last \_\_\_\_\_ year/s
- Not regularly, only occasionally

Approx number of hours per week \_\_\_\_\_

## ETHNIC GROUPS

Please choose up to two Ethnic Groups which you feel your child belongs to:

- NZ European
- New Zealand Maori – Please indicate Iwi Affiliation
  - 1. \_\_\_\_\_
  - 2. \_\_\_\_\_
- Other European \_\_\_\_\_
- Pacific Islands (specify) \_\_\_\_\_
- Asian (specify) \_\_\_\_\_
- Other (specify) \_\_\_\_\_

## DETAILS OF PRE-SCHOOLERS LIKELY TO BE ATTENDING THIS SCHOOL IN THE FUTURE

1. NAME: \_\_\_\_\_ Birth Date: \_\_\_\_\_

2. NAME: \_\_\_\_\_ Birth Date: \_\_\_\_\_

## HEALTH RECORD – Please outline any health problems or medication

Name of Family Doctor: \_\_\_\_\_ Phone: \_\_\_\_\_

Allergies \_\_\_\_\_ Medication \_\_\_\_\_

Sight/Vision/Speech/Hearing or Other medical issues \_\_\_\_\_

## IMMUNISATION – Please complete this section on immunisation ONLY if your child is enrolling at 5 years of age

The immunisation certificate has been brought to school on enrolment  Yes  No

My child is (please tick): Fully immunised   Not immunised at all

## LEARNING AND BEHAVIOUR

Learning / Behaviour Needs: \_\_\_\_\_

Specialist Needs / Resourcing / Agencies including Reading Recovery:

\_\_\_\_\_

Has your child been stood down, suspended or excluded from another school?  Yes  No

If Yes, what was the reason? \_\_\_\_\_

\_\_\_\_\_

## PERMISSIONS

	YES	NO
I have read with my child and agree with the cyber safety rules	<input type="checkbox"/>	<input type="checkbox"/>
I have read, understood and agree with the blanket EOTC consent	<input type="checkbox"/>	<input type="checkbox"/>
I have read and agree with the school uniform policy	<input type="checkbox"/>	<input type="checkbox"/>
I give the school permission to give my child paracetamol if needed	<input type="checkbox"/>	<input type="checkbox"/>
I give permission for the school to add small cost items like school stationery etc, on my school account when needed	<input type="checkbox"/>	<input type="checkbox"/>
I give permission for the school to share my child's learning and photos on the school web pages, school Facebook page and local newspapers if the opportunity arises.	<input type="checkbox"/>	<input type="checkbox"/>

## CIVIL DEFENCE EMERGENCY

In case of a civil emergency please indicate who is allowed to pick your child/ren up if you are not able to yourself.

Name \_\_\_\_\_ ph \_\_\_\_\_

Name \_\_\_\_\_ ph \_\_\_\_\_

## PARENT / CAREGIVER DECLARATION

**I/We acknowledge** that the information is true and correct in every particular and will be relied upon by the School. If found to be false by the School, then the School reserves the right to remove my child.

**I/We understand** that the information on this form will be used by this School to maintain appropriate school records and effective contact with the enrolled pupil's parents/caregivers.

**I/We also agree** to the school requesting relevant information from other schools for enrolment purposes and class placements and to forwarding relevant information to another school for enrolment purposes and class placements.

Signature \_\_\_\_\_ Date: \_\_\_\_\_

## Check list

Emergency contact

Email address

Birth cert (if 5yrs)