

NEWLANDS SCHOOL
ENROLMENT FORM

Admission Date:.....

CLASS:

Admission Number:

ROOM:

Child's Legal Surname: Legal First Names:.....
 Child's Preferred Surname Preferred First Name:.....
 Home address: (number & street) boy/girl
(suburb) (Postcode)
 Home Phone No.: Date of Birth Copy of Birth Certificate Yes/No
 Country of Birth Date arrived in N.Z.
 N.Z. Residency Yes/No Specify:.....
 Email address for newsletters

<u>Parents/Caregivers</u>	
Mother/Caregiver:	Father/Caregiver:
Relationship to child:	Relationship to child:
Home Address:	Home Address:
Home Phone No.	Home Phone No.:
Cell Phone No.	Cell Phone No.
Workplace:	Workplace:
Occupation	Occupation
Work Phone No.:	Work Phone No.:

Previous School

Previous Class

Address.....

.....

Languages spoken by the child

Ethnic group identified with

.....

Iwi Affiliations

.....

Has this child attended any school dental clinic Yes / No Specify

Are there any other children in this child's family likely to attend this school Yes/No

Name and DOB

.....

Other comments concerning this enrolment

.....

NEWLANDS SCHOOL ENROLMENT FORM

Child's Name:

Immunisations:	Inoculation Certificate:	Sighted Yes/No	Completed Yes/No

Prior-participation in Early Childhood Education

Did the child attend one or more Early Childhood Education service(s) in the six months prior to starting school? Please complete the table below for the last service(s) attended.

- If the child was attending more than one service *at the same time*, please enter hours per week for up to three services.
- If the child attended one service, but changed to a different service within the six months prior to starting school, please complete the table for the *last service only*, not both.
- If the child's attendance hours varied, please enter an approximate or average number of **hours per week**.

Please enter the number of hours per week for up to three services:	Service 1 (hrs/week)	Service 2 (hrs/week)	Service 3 (hrs/week)
a. Kōhanga Reo			
b. Playcentre			
c. Kindergarten <i>or</i> Education and Care Centre			
d. Home based service			
e. Playgroup			
f. The Correspondence School – Te Aho o Te Kura Pounamu			
g. Attended, but only outside New Zealand			
h. Attended, but don't know what type of service			
i. Did not attend			

Please tick appropriate box

Did the child regularly attend Early Childhood Education?

"Regularly attend" means the child was booked in to a service for sessions each week/fortnight, and generally went to those sessions unless they were sick, or on holiday, or had a family occasion, etc.

Yes, for the last ____ year(s).

Not regularly, only occasionally with no on-going schedule.

Policies and Procedures

I agree that my child shall be subject to the established policies and procedures of the school particularly as they relate to rules and discipline.

Whenever he/she is absent or late I shall telephone the school or provide a note of explanation.

In terms of the Privacy Act, I understand that the information on this form is collected to 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 also agree that Newlands School may have access to information and records pertaining to my child from previous schools and agencies (if applicable) and that information about my child may be passed on to other schools or relevant agencies.

I understand that the school will take action on my behalf in case of sudden illness or injury, and I agree to abide by school policies.

Signature of Parent/Caregiver: _____ Date: _____

OFFICE USE:

Must sight for New Entrants and those from Overseas the following:

Copy of Birth Certificate, Passport, Visa and Immunisation Certificate

Do New Enrolments have:

Everybody

Information Booklet

Overseas and New Entrants

Dental Clinic application form

Health card and brochure

Consent Forms for Education Outside the Classroom Room

Internet and computer use

NEWLANDS SCHOOL

PARENT / CAREGIVER DECLARATION

Name of Child: _____

Medical Factors

1. Does your child suffer from asthma or any other medical problem we should be aware of? (if yes please specify) _____	Yes <input type="checkbox"/>	No <input type="checkbox"/>
2. Does your child have any allergies? (e.g. Bee stings, foods, soap etc) (if yes please specify) _____	Yes <input type="checkbox"/>	No <input type="checkbox"/>
3. Has your child ever contracted or been in contact with any communicable disease? (e.g. TB, Hepatitis, etc.) (if yes please specify) _____	Yes <input type="checkbox"/>	No <input type="checkbox"/>
4. Regular Medication _____		
5. Doctor _____ Phone No.: _____		
Signed _____ Parent/Caregiver		

Accident/Emergency Guidelines

Teachers are responsible for the welfare and safety of children within the confines of the school, on approved excursions and running emergency evacuations. That responsibility extends to the taking of reasonable steps in the event of an accident or other medical emergency.

Occasionally the need arises for staff to seek medical attention for a child after an accident when parents/caregivers cannot be contacted to immediately take action themselves. Therefore:

1. I authorise the staff of Newlands School to take reasonable steps in the event of an emergency concerning my child and to seek necessary medical treatment at a local medical centre or hospital facility acting as my agent.	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
2. I undertake to meet any resultant charges/costs.	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
3. I consent to my child being given a panadol if deemed necessary by staff and I cannot be contacted	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
4. Emergency Contacts (friend, relative, neighbour) – <i>in case of illness or accident</i> I nominate the following as an emergency caregiver of my child and authorise this person to make emergency decisions regarding the care of my child if I cannot be contacted.			
Name _____ Home Phone No.: _____ Work/Cell Phone No.: _____			
Name _____ Home Phone No.: _____ Work/Cell Phone No.: _____			
5. Civil Defence Emergency Contacts: In the event of a serious emergency requiring the evacuation of the school premises, it is the school's responsibility to care for the child until such time as the child can be collected by their parent/caregiver or another person authorised to do so. Records will be kept of the students allowed home and the person escorting them home. I authorise the following people (within close proximity of the school during the day) to collect and take responsibility for my child.			
	Name	Home Phone No.	Work/Cell Phone No.
1			
2			
3			

Signed _____ Parent/Caregiver Date: _____