



Enrolment Form

Enrolment No:

STUDENT DETAILS

Family Name: _____ First Names: _____

Preferred Name: _____ Gender: Male Female Current Year Level: _____

Date of Birth: ____ / ____ / _____ (Please provide a copy of Birth Certificate or passport)

Address: _____

Other brothers/sisters currently at Longburn Primary: _____

Names and year of birth of any preschool brothers/sisters: _____

Were you born in NZ: Yes If not, state nationality: _____ (If born outside of NZ, please attach evidence of immigration status.)

Ethnicity: (please tick all that apply, up to 3 ethnicities)
 NZ European or Pakeha NZ Maori Other (Please specify) _____

Iwi: (please record up to 3, if applicable): _____

Last Dental Clinic Attended: _____

ONLY COMPLETE BELOW SECTION ON THIS PAGE IF YOUR CHILD IS A NEW ENTRANT TO SCHOOL

Did your child attend one or more Early Childhood Education service(s) in the six months prior to starting school? Yes/No

If yes, which Centre: _____

Please complete the table below for the last service(s) attended:

Please enter the number of hours per week for up to three services:	Service 1 (hrs/wk)	Service 2 (hrs/wk)	Service 3 (hrs/wk)
a. Kohanga Reo			
b. Playcentre			
c. Kindergarten or Education and Care Centre			
d. Home based service			
e. Playgroup			
f. The Correspondence School – Te Aho o Te Kura Pounamu			

Or

Please tick the appropriate box	
g. Attended, but only outside New Zealand	
h. Attended, but don't know what type of service	
i. Did not attend	
j. Unable to establish if attended or not	

Did your child regularly (booked into a service for sessions each week/fortnight) attend Early Childhood Education:

- Yes, for the last _____ year (s).
- Not regularly, only occasionally with no on-going schedule.
- No, did not attend ECE.



PARENT/CAREGIVER DETAILS Please supply details of both parents. (Parents living with the student automatically receive invoices. Please advise if you wish these to be posted to a different person.)

Parent:

Family Name: _____ First Name: _____ Title: (Circle) Mr Mrs Miss Ms
Relationship: (Circle) Mother Father Caregiver Other (Please state) _____

Address: _____

Home Phone: _____ Work Phone: _____ Cellphone: _____

Occupation: _____ Work Place: _____

Email address: _____ Would like to receive emails or texts from the school: Yes No

Parent:

Family Name: _____ First Name: _____ Title: (Circle) Mr Mrs Miss Ms
Relationship: (Circle) Mother Father Caregiver Other (Please state) _____

Address: _____

Home Phone: _____ Work Phone: _____ Cellphone: _____

Occupation: _____ Work Place: _____

Email address: _____ Would like to receive emails or texts from the school: Yes No

Caregiver:

Family Name: _____ First Name: _____ Title: (Circle) Mr Mrs Miss Ms
Relationship: (Circle) Mother Father Caregiver Other (Please state) _____

Address: _____

Home Phone: _____ Work Phone: _____ Cellphone: _____

Occupation: _____ Work Place: _____

Email address: _____ Would like to receive emails or texts from the school: Yes No

EMERGENCY CONTACT

Family Name: _____ First Name: _____ Title: (Circle) Mr Mrs Miss Ms
Relationship: (Circle) Grandparent Friend Other (Please state): _____

Home Phone: _____ Work Phone: _____ Cellphone: _____

OTHER DETAILS

List any medical problems, including blood borne illnesses, and any other health-related information the school should be aware of: (Please contact the school office if you would like us to hold medication for your child).

Doctor: _____

List any other information the school should be aware of: (family circumstances, access rights, beliefs, learning, behaviour...)

Will your child be traveling by bus?: Yes No If yes, what is the distance from home to school (kms): _____

CONFIDENTIALITY

This information is requested by the school for communication, support and safety of the student, and to meet statutory requirements. Information is held securely and will only be given to relevant Government agencies, such as Public Health, where appropriate. Your child's records will be forwarded to a subsequent school on notification of enrolment.



If your child is required to take medication at school, then we need you to authorise this in writing. Please come to the office to sign the relevant consent form.

Should your child require pain relief for headaches in the form of Panadol at any stage then we need to have your prior consent. Please sign below.

I (parent/caregiver) _____ give permission for
_____ to have pain relief (Panadol) for headaches (if required).

We have an Infrared Contactless Thermometer to enable us to unobtrusively take a child's (or adult's) temperature should we suspect they have a fever when presenting to us unwell. To enable us to use the thermometer to take your child's temperature, we need your permission. Please indicate whether you give us permission to take your child's temperature should we believe they may have a fever.

I,(parent/caregiver), give permission for my child to have their temperature taken should the staff at Longburn School believe they may have a fever.

I,(parent/caregiver), do not give permission for my child to have their temperature taken should the staff at Longburn School believe they may have a fever.

In the case of students leaving the school site for any part6 day or full day for school excursion (eg; sports events, theatre events, Te Kawau Cluster events etc), we require your written consent. This is not always easy to get due to notes being misplaced or forgotten between home and school. Please sign below if you give your on-going consent for your child to participate in these excursions.

I (parent/caregiver) _____ do / do not give my child/ren
_____ permission to leave the Longburn School site to attend part day or full day school excursions.

Details of excursions will be sent home via either newsletter of Communication Book prior to excursion taking place.

If you have any concerns in regards to permission for your child/ren to attend off-site trips, please specify or contact the Principal:

Lastly, parent consent for any photos of your child/ren taken whilst at school or as part of any excursion.

I (parent/caregiver) _____ do / do not give my child/ren
_____ permission to have their photo(s) used for school publications, school ultranet site or any form of public relations(articles in newspaper etc).

If you have any concerns in regards to media permission for your child/ren please specify or contact the Principal:



We have purchased an Infrared Contactless Thermometer to enable us to unobtrusively take a child's (or adult's) temperature should we suspect they have a fever when presenting to us unwell.

To enable us to use the thermometer to take your child's temperature, we need your permission.

Please indicate whether you give us permission to take your child's temperature should we believe they may have a fever.

I,(parent/caregiver), give permission for my child to have their temperature taken should the staff at Longburn School believe they may have a fever.

I,(parent/caregiver), **do not give permission** for my child to have their temperature taken should the staff at Longburn School believe they may have a fever.

Child's name:

Parent/Caregiver's signature:

HEALTH STATEMENT

At certain times your child may need to be examined by medical personnel for the purposes of their own and other's wellbeing, e.g. for hearing and vision screening, head lice, school sores.

I give / do not give (*delete one*) consent for a health professional to check my child.

SIGNED: _____
Parent/Caregiver Date

PARENT/CAREGIVER AND STUDENT VERIFICATION

The information on this form is true and correct.

We agree to:

- advise the school of any change in circumstances so that accuracy and contacts may be maintained;
- to abide by school policies, expectations and procedures;
- the publication and use of my child's name, work and image;
- allow him/her to take part in planned school activities in the local community.

SIGNED: _____
Parent/Caregiver Date

Office Use:

Birth Certificate / passport - copy provided	
Form signed twice	
Immunisation cert provided (NE)	
New Entrant Form completed (NE)	
Copy of Passport supplied (pages showing immigration stamps and photo)	
Entered in Student Manager	
ENROL	

Start Date	
Current Year Level	
Room	
Fees invoiced	
Copy of enrolment form to dental nurse	
Entered in Register of Admission	
Email to parent/caregiver etap app letter	