

# PINEHAVEN SCHOOL ENROLMENT FORM

**Please note that a student cannot commence at our school without a Birth Certificate and/or Passport being sighted and photocopied. We also require a copy of the student's immunisation records and proof of in-zone address (if applicable).**

Student's family Name: \_\_\_\_\_ Room No: \_\_\_\_\_

First Names: \_\_\_\_\_ Preferred Name \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Country of Birth \_\_\_\_\_ Birth Certificate Verified: \_\_\_\_\_

Gender \_\_\_\_\_ Place in family: \_\_\_\_\_ out of \_\_\_\_\_

Address: \_\_\_\_\_

Nationality: \_\_\_\_\_ Home Language: \_\_\_\_\_

Residency/Citizenship \_\_\_\_\_ Date of NZ Entry \_\_\_\_\_ Visa/Passport Verified \_\_\_\_\_

Ethnic group: (You may tick more than one)

- NZ Maori       European / Pakeha       Samoan       Tokelauan       Fijian  
 Indian       Niuean       Cook Is Maori       Tongan       Chinese       Cook Island  
 Other (please specify) \_\_\_\_\_

Iwi Affiliation: If your child is of Maori descent please enter the names(s) of his/her iwi. (You may enter more than one iwi. If you do not know the iwi, please enter 'Don't Know')

1. \_\_\_\_\_ 2. \_\_\_\_\_ 3. \_\_\_\_\_

## PARENT / CAREGIVER DETAILS:

Mother / Caregiver 1: \_\_\_\_\_

Father / Caregiver 2: \_\_\_\_\_

Ethnicity: \_\_\_\_\_

Ethnicity: \_\_\_\_\_

Address: \_\_\_\_\_

Address: \_\_\_\_\_

Occupation: \_\_\_\_\_

Occupation: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Work place name: \_\_\_\_\_

Work place name: \_\_\_\_\_

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

If either parent is not a New Zealand citizen, please give details: \_\_\_\_\_

Child lives with: Both parents    Mother    Father    Caregiver 1    Caregiver 2 (Circle relevant)

Other information (Restricted Access etc.) \_\_\_\_\_

**EMERGENCY CONTACTS:** (In the event of my child being ill or in a serious emergency and I am not available I authorise the following people to take responsibility for my child)

Name: \_\_\_\_\_ Phone No: \_\_\_\_\_

Relationship to child: \_\_\_\_\_

Phone No: \_\_\_\_\_

Name: \_\_\_\_\_

Relationship to child: \_\_\_\_\_

## HEALTH INFORMATION:

Doctor: \_\_\_\_\_

Dentist: \_\_\_\_\_

Phone No: \_\_\_\_\_

Phone No: \_\_\_\_\_

Does your child have any allergies, medication requirements?  Asthma       Inhaler required

Diabetes       Bee Sting Allergy       Other (please specify) \_\_\_\_\_

**OTHER INFORMATION:** Please list anything you feel is necessary in relation to your child's enrolment at Pinehaven School

## TRANSFER INFORMATION:

Previous School: \_\_\_\_\_ Address: \_\_\_\_\_

Specific Learning Needs & Abilities: Eg Reading Recovery / RTLB \_\_\_\_\_

## Office Use Only:

Year Level: \_\_\_\_\_ Teacher: \_\_\_\_\_ Date: \_\_\_\_\_

Sighted proof of in-zone address (if applicable) \_\_\_\_\_ signed

**PRE-SCHOOL INFORMATION:**

**Skills:** recognises own name / writes own name / knows colours / recognises letters of the alphabet / enjoys sharing books / communicates well / counts to \_\_\_\_\_

Additional background information (specific concerns, strengths, interests etc): \_\_\_\_\_

Will your child have attended 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 your child was attending more than one service at the same time, please enter hours per week for up to three service.
- \* If your child attended one service, but changed to a different one within the 6 months prior to starting school, please complete the table for the last service only.
- \* If the child’s attendance hours varied, or you are uncertain of the hours, please enter an average number of hours per week.

<b>Please enter the number of <u>hours per week</u> for up to 3 services</b>	<b>Service 1</b>	<b>Service 2</b>	<b>Service 3</b>
Kohanga Reo			
Playcentre			
Kindergarten or Education and Care Centre			
Home based service			
Playgroup			
The Correspondence School – Te Aho o Te Kura Pounamu			

Will your child regularly attend Early Childhood Education services each week/fortnight? Yes, for the last \_\_\_\_ years  
/No/did not attend ECE

1. I give permission for my child to see the Dental Therapist.	Yes	No
2. I give permission for the school to send the Health Nurse to see me if required.	Yes	No
3. I give permission for the school to involve the Resource/Learning Behaviour teachers.	Yes	No
4. I give permission for my name and phone number to go on a mail or phone list for the Home and School and Board of Trustees for fundraising and class and school help.	Yes	No
5. I give permission for my child to be photographed / videoed & for these to be published outside school & to appear on our school website, to illustrate school activities and programmes.	Yes	No
6. I give permission for my child to be photographed / videoed & for these to be published within school, to illustrate school activities and programmes.	Yes	No
8. I give permission for my child to participate in the Christian Religious Education Programme. (Inter- denominational lessons of half an hour once a week.)	Yes	No
9. I give permission for the school to carry out head lice checks when necessary on my child and I wish to be advised if treatment is required.	Yes	No
10. I give permission for the school to administer panadol to my child when necessary.	Yes	No
11. In the event of my child being ill or injured at school and myself or my emergency contacts are unavailable, I give permission for the school to access medical attention.	Yes	No
12. I give permission for my child to participate in Fonterra Milk for Schools.	Yes	No

SIGNED (parent 1): \_\_\_\_\_ DATE: \_\_\_\_\_  
(I acknowledge I have read the above and have given my permission where indicated.)

SIGNED (parent 2): \_\_\_\_\_ DATE: \_\_\_\_\_  
(I acknowledge I have read the above and have given my permission where indicated.)

*These signature should match parents on birth certificate.*