



NORSEWOOD & DISTRICTS SCHOOL ENROLMENT FORM

STUDENT DETAILS

Legal Surname/ Family Name: _____
 All Legal First Names: _____
 Preferred Name (Known by): _____ Gender: Male / Female / Non binary
 Date of Birth: _____ Country of Birth: _____
 Ethnicities _____ Iwi/Hapu (if applicable): _____
 Intended start date: _____ Intended year level: _____

PARENT/CAREGIVER CONTACTS

Primary Caregiver: Mr/Mrs/Miss/Ms _____ (Please tick)
 Relationship: _____ Lives with
 Home Address (Physical) _____ Send Invoices
 _____ Send copy of reports
 Postcode _____
 Mailing (if different) _____ Postcode _____
 Phone (Home) _____
 (Mobile) _____ Email _____
 Occupation: _____ (Work phone) _____

Secondary Caregiver: Mr/Mrs/Miss/Ms _____ (Please tick)
 Relationship: _____ Lives with
 Home Address (Physical) _____ Send Invoices
 _____ Send copy of reports
 Postcode _____
 Mailing (if different) _____ Postcode _____
 Phone (Home) _____ (Mobile) _____
 (Work) _____ Email _____

Emergency Contact 1: _____ Relationship: _____
 Phone (Home) _____ (Work) _____ (Mobile) _____
Emergency Contact 2: _____ Relationship: _____
 Phone (Home) _____ (Work) _____ (Mobile) _____

Custody Access Court Order issued? Yes/No/NA

Extra Information _____

EARLY CHILDHOOD

Has your child regularly attended Early Childhood Education?

- Yes, for the past _____ years
- Not regularly, only occasionally
- Did not attend

Please enter the number of hours per week that your child attended the following services on the chart on the right:

Name of ECE attended: _____

Service Type	Hrs/week
Kohanga Reo	
Playcentre	
Kindergarten	
Home based Service	
Playgroup	
Attended outside NZ	

SIBLINGS

Younger Siblings who may come to Norsewood & Districts School in the future

Names and birthdates _____

NSN No _____ Enrolment No: _____ House: _____

Has your child completed a B4 School Check? YES/NO

Has your child completed the Vision and Hearing part of the B4 School Check? YES/NO

Consent for Hearing and Vision tests

I _____ (full name of adult) consent to the following checks being carried out on my child at school, on request from parents or teachers by the Public Health Nurse

General health Checks YES / NO

Distance Vision Check YES / NO

Hearing Check YES / NO

Ear Check YES / NO

Middle Ear Function (glue ear check) YES / NO

You will be contacted if there are any concerns regarding your child's Health

Signed:

Date: _____

(Parent / Guardian)

Is your child up to date with their Immunisations?

YES—Fully immunised NO—Partly Immunised or Not immunised

Immunisation certificate sighted Yes/ no (for office staff only)

It is a requirement that you show your child's immunisation certificate to the School Office Staff when your child enrolls at school.

If you do not have a certificate, please ask your doctor/medical centre to print out a copy for you.

Name of Family Doctor: _____ Phone: _____

Please list any health issues your child may have.

Allergies: _____

Sight/Vision/Speech _____

Hearing _____

Asthma _____

Medication : _____

Other Medical Issues _____

(Please note any medical issue that requires medication must have a medicine authority form on file in the office.)

Learning /Behaviour Needs _____

The information collected will be used by the school for enrolment and forms an essential part of the information held by the school for your child. The records made from this information may be viewed on request at the school. The information may be disclosed to appropriate education, health and welfare authorities and for data-gathering purposes by the NZ Ministry of Education, in accordance with the Privacy Act. It will not be disclosed to any other person or agency unless such disclosure is authorised or required by law.

Please note, we are required by the Ministry of Education to sight and hold a copy of the student's Birth Certificate / Student Visa in our records

NZ BIRTH CERTIFICATE / PASSPORT / RESIDENT PERMIT/ VISA - Please circle

NZ Birth Certificate Number _____ NZ Residency YES NO (please circle)

Resident Visa No: _____ Expiry Date: ___/___/___

Country of Birth: _____

Date entered NZ: _____ Language spoken at home: _____

I/We acknowledge that the information is true and correct in every particular and can be relied upon by the school. I/We agree that our child shall abide by all school rules and regulations.

I/We agree to abide by the compulsory uniform requirement at Norsewood & Districts School.

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

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

I/We understand that the school will take action on my behalf in case of sudden illness or injury

Parent Name: _____

Signature: _____

EDUCATION OUTSIDE THE CLASSROOM PARENTAL CONSENT:

Walking and Activities around Upper and Lower Norsewood

Parental Consent

- I agree to my child taking part in walks and activities around Upper and Lower Norsewood that may happen from time to time.
- I agree that this consent will cover any walks and activities that may be planned or that happen spontaneously and that a separate permission will not be needed for my consent.
- I agree to their participation in the activities described. I acknowledge the need for them to behave responsibly.
- I have updated (where necessary) my child's health information held by the school.

Acknowledgement of Risk

- I have read the EOTC event information and I understand that there are risks associated with involvement in school EOTC events and that these risks cannot be completely eliminated.
- I understand that the school will identify any reasonable foreseeable risks and hazards and implement correct management procedures to eliminate or minimize these.
- I understand my child has been involved in the development of safety procedures and I will do my best to ensure that my child follows these procedures.
- I know that I am able to ask any questions of the school about the activities my child will be involved in, to gain a better understanding of the risks involved.
- I recognize that participation in such activities is voluntary and not mandatory through a 'challenge by choice' procedure. My child and I both understand that they may withdraw from an activity if they feel at risk. This must be done in consultation with the person in charge.
- I understand that the school does not accept responsibility for loss or damage to personal property (either my child's property or damage to other's property caused by my child) and that it is my responsibility to check my own insurance policy.

Parent Name: _____

Signature: _____

NORSEWOOD & DISTRICTS SCHOOL STUDENT INFORMATION CONSENT

Images of our students (photographs, video clips, etc) and examples of their school work are sometimes published in our newsletters, on our school website and other online channels such as the school/class blogs, Facebook page, YouTube, etc. We publish student material to celebrate student's work and achievement to encourage students to participate in our school community and to promote our school. We believe it is important to celebrate student's achievements, but are aware of the potential risks when such personal information or material is published online. In the interest of safety and security we require parents to give consent before publication. With consent, we share no more than a student's first name, image or work in the school's newsletter, on the school website or in the wider online community.

I give permission for my child's name, image or work to be published in the school newsletter, on the school website or the wider online community (as indicated above)

I DO NOT give my permission for my child's name, image or work to be published in the school newsletter, on the school website or the wider online community (as indicated above)

Parent Name: _____

Signature _____