

**Student Basic details****Legal names:**

First Name:.....

Middles name:.....

Surname:.....

Preferred names:

First Name:.....

Surname:.....

Date of Birth:.....

Gender: Male / Female / Non Binary

Students Address:

.....

.....

..... Post code:.....

Previous School/preschool:

.....

Current year level:..... Intended start date:.....

Early childhood education: Years/weeks attended:.....Hours per week:.....

Student Ethnic information:

Ethnicities:.....

Iwi:.....

Country of jurisdiction of citizenship:.....

Language spoken at home:.....

Date arrived in New Zealand:.....

Country born in:.....

Parent /Guardian information:**Parent/Guardian 1:**

First Name:.....Surname:.....

Address:.....

.....

Email address:.....

Phone number:.....

Land line:.....

Work:.....

Occupation:.....

Relationship to child:.....

Parent/Guardian 2:

First Name:.....Surname:.....

Address:.....

.....

Email:.....

Phone number:.....

Land line:.....

Work:.....

Occupation:.....

Relationship to child:.....

Emergency contact(s) Who should we contact in case of emergency, if parent/guardian is unreachable?**Emergency contact 1:**

First Name:.....Surname:.....

Phone number:.....Work:.....

Relationship to child:.....

Emergency contact 2:

First Name:.....Surname:.....

Phone number:.....Work:.....

Relationship to child:.....

Student Living Arrangements:

Custody Order: Yes No

Access Arrangements:.....

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Siblings likely to attend this school:

1:.....D.O.B.....

2:.....D.O.B.....

Student Medical Details:

Doctor:.....

Serious Medical condition:.....

Other Medical condition:

1:.....

2:.....

Allergies:.....

Sight:.....Hearing:.....

Medications to be administered at school:.....

.....

Immunisations: (up to 5 years) yes No Partly done

Special needs: (ESOL/ORS/ Background etc)

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◆ Privacy Statement:

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 approve the forwarding of information when my child transfers to another school. I further approve the forwarding of my child's name and address on request to a potential intermediate or secondary school.

Permissions

In the event of an accident or sudden illness, I/we authorise the staff of Te Awa School to obtain such medical assistance as may be necessary when I/we cannot be contacted. I/we agree to meet any cost incurred for the treatment or transportation of my child to receive medical attention.

First Aid Consent

☐ No ☐ Yes

I/we give permission for staff at Te Awa School to administer pain relief or other medication as listed on this child's records, if required.

Pain Relief Consent

☐ No ☐ Yes

I/we give permission for this child to undergo vision and hearing testing.

Vision and Hearing Testing Consent

☐ No ☐ Yes

I/we give permission for this child to be seen by a School Health Professional or Dental Nurse.

Health Professional Consent

☐ No ☐ Yes

I/We give consent for this child to be given access at school to computers, the Internet and other communication technologies?

Internet Usage Consent

☐ No ☐ Yes

I/We give consent for this child to participate in local walking trips/visits without my prior knowledge?

EOTC Trip Consent

☐ No ☐ Yes

I/we give permission for this child's photo to be taken whilst participating in school activities. Photos may be used for promotional purposes in the schools newsletters, website and school social media apps.

Photo Usage Consent

☐ No ☐ Yes

Permissions Comment

◆ Declaration

I understand that the school will take action on my behalf in the case of sudden illness or injury to my child/ren and if necessary, will seek medical advice and services. I agree to Te Awa School collecting personal information search as outlined above in the section named privacy act. I understand that my child has access to the Internet but only under teacher supervision. The school operates a sound virus and filtering protection, but a degree of student responsibility is still required. Inappropriate behaviour on the computer or the Internet may lead to students being denied access to the schools' computers.

Add declare that the information that I have supplied on this enrolment form is true and accurate to the best of my knowledge.

Parent/Guardian Signature: _____

Date: ____ / ____ / ____