

KAWAHA POINT SCHOOL

# ENROLMENT APPLICATION



| Legal Last Name: Date of Birth: |
| --- |
| Legal First Names: Preferred Name: |
| Gender: Male Female Current Year Level: |
| Ethnicity (up to three can be listed): |
| Iwi Affiliations (up to three can be listed): |
| Main Language spoken at home: English Maori Other |
| Place in Family: child out of Mainstream Vertical Te Ao Maori |

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| Main Caregiver 1: Lives with |
| --- |
| Mr / Mrs / Miss /Ms Relationship to Student: |
| Last Name: |
| First Name: |
| Home Address: |
| Email Address: |
| Home Phone: Mobile: Work No: |
| Occupation: Employer: |
| Main Caregiver 2: Lives with |
| Mr / Mrs / Miss /Ms Relationship to Student: |
| Last Name: |
| First Name: |
| Home Address: |
| Email Address: |
| Home Phone: Mobile: Work No: |
| Occupation: Employer: |
| Emergency Contacts: |
| 1. Name: Phone: Relationship: |
| 2. Name: Phone: Relationship: |
| **Office Use:** |
| Year Level: Room: Start date: Enrolment Number:  NSN Number:  Immunisation Certificate Sighted:  Previous School: ESOL student: |



| Custody: | | | | | |
| --- | --- | --- | --- | --- | --- |
| Are there any custody details we need to be aware of? **Yes / No** Please outline below anything the school needs to know (NB: to withhold access rights of a parent we need to sight a court order). | | | | | |
| Health Details: (please list any significant details regarding the following) | | | | | |
| Allergies: | | Regular medication: | | | |
| Speech: | | Vision: | | | |
| Hearing: | | Developmental delays: | | | |
| Learning and Behaviour Needs: (Please outline any relevant learning/behaviour needs) | | | | | |
| Other: | | | | | |
| All Immunisations completed: Yes / No | | Certificate attached: Yes / No | | | |
| Family Doctor: | | Contact: | | | |
| Ethnicity / Eligibility | | | | | |
| Child’s Country of Birth:  (Birth Certificate or Passport to be presented for first enrolment in a NZ School) | | | | | |
| New Zealand Citizen: | Yes / No |  |  |  |  |
| New Zealand Resident: | Yes / No |  |  |  |  |
| New Zealand Student Permit: Yes / No  Date of Entry to NZ: | | Student Permit Number: | | | |
| Early Childhood Participation (For New Entrants Only) | | | | | |
| Did your child regularly attend an ECE?  Yes, for the last years.  Not regularly, only occasionally with no on-going schedule.  No, did not attend an ECE. | | | | | |
| Please enter the number of **hours per week** for up to 3 services: | | | Service 1  Hours per  week | Service 2  Hours per  week | Service 3  Hours per  week |
| a. Kohanga Reo: Name of Centre | | |  |  |  |
| b. Playcentre: Name of Centre | | |  |  |  |
| c. Kindergarten / Education Centre: Name of Centre | | |  |  |  |
| d. Home Based Service: Name of Centre | | |  |  |  |
| e. Playgroup: Name of Centre | | |  |  |  |
| 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 |  |

| **PARENTAL CONSENT:**  Please read the following and indicate your consent by signing each statement |
| --- |
| **School Trips and Visits**  I / We give permission for my child to attend school trips and visits during the normal school day. I understand that notes will be given to the children advising me of such trips and that I have the right to send a note exempting my child from participating. I understand that for trips extending beyond the normal school day I will be required to sign a separate permission slip for that event.  Signed |
| **Public Identification of Children**  I / We give permission for my child’s photograph or work to be published. I understand that this  could result in him/her being publicly identified as a student at Brookfield School.  Newsletter  Facebook  Newspaper Signed |
| **Address Declaration**  I confirm that the address which I have provided to the school will be the usual place of residence of my child when the school is open for instruction. I will advise the school of any subsequent change of address.  Signed |
| **PARENTAL AGREEMENT:**  Please read the following and indicate you agreement to all by signing at the bottom. If you do not agree to all of the statements please sign to ones you agree with and discuss any others with the principal. |
| **1. Attendance**  I / We agree to ensure that our / my child attends school every day but in the event of illness or other reasons within school policy we will notify the school on or before 9am on the first morning of the absence. |
| **2. School Uniform**  I / We understand that Kawaha Point School has a compulsory uniform. I / we will ensure that my / our child is suitably equipped in regulation uniform and that he / she wears it with pride. I / we will ensure that the uniform is adequately named. |
| **3. Code of Behaviour**  I / we understand that the school has rules and a code of behaviour that makes the school a safe place for students and staff. I / we will support the school’s behaviour initiatives and acknowledge the need for parents and school to support one another in this regard. |
| **4. Cyber Safety and ICT Use**  I / we understand that the internet is available to children for educational use only and under teacher supervision. Students must not go online or send emails without teacher authorisation. Students who infringe this rule may be denied use of the computers at school. Parents will be advised if this action is taken. |
| **Signature**  I / we have read the five statements above and are signing our agreement with all of them.  Signed Signed |

# Healthy Food Lunch Programme – Student Information Sheet

## Our tamariki receive a freshly made lunch each day. These are delivered to the classrooms.



| Student’s full name: |  |
| --- | --- |
| Room number: |  |
| Teacher: |  |
| Parent/caregiver contacts:  *If we need to discuss with you* | Name: Phone:  Best time to call: |
| **Food allergies** | Yes / No |
| Reasons: |  |
| Alternative food options given: |  |
| **Food intolerances** | Yes / No |
| Reasons / side effects: |  |
| Alternative food options given: |  |
| Other additional information: | |
| Please let the **office** know if your child has food allergies which cause allergic reaction and may need assistance or medication. (If not already given) | |

**EXAMPLE**

| **Food allergies** | *Peanuts* | **Food intolerances** | Lactose |
| --- | --- | --- | --- |
| **Reasons / side effects:** | *Wheezing trouble breathing coughing* | **Reasons / side effects:** | *Abdominal pain Bloating Diarrhea* |
| Alternative options given: | No other option given please. | Alternative options given: | *Soy or Coconut milk* |