



WHANGAREI HEADS SCHOOL APPLICATION FOR ENROLMENT



STUDENT INFORMATION

SURNAME OF STUDENT: _____

(Please provide a birth certificate ONLY. If not NZ citizen, child's and parent's passport.)

FIRST NAMES OF STUDENT: _____

PREFERRED FIRST NAME: _____

ADDRESS: _____

CONTACT EMAIL ADDRESS: _____

STUDENT LIVING WITH: MOTHER / FATHER / OTHER *(please specify)* _____

DATE OF BIRTH: _____ COUNTRY OF BIRTH: _____

ETHNIC GROUP: _____ GENDER: MALE / FEMALE *(please circle)*

IWI *(if Maori)*: _____

LANGUAGE(S) SPOKEN AT HOME: _____

NATIONALITY: _____ DATE OF ENTRY TO NEW ZEALAND *(if applicable)* _____

HOW MANY YEARS HAS YOUR CHILD SPENT IN NZ SCHOOLS? _____

PLEASE LIST PRE SCHOOL / EARLY CHILDHOOD EDUCATION: *(only for New Entrant/Year 1 admissions)*

	NAME OF CENTRE	APPROX HOURS PER WEEK	YEARS/MONTHS
Kohanga Reo			
Kindergarten			
Playcentre			
Home-based service			
Playgroup			
Other			

FOR STUDENTS TRANSFERRING FROM ANOTHER NEW ZEALAND SCHOOL *(if applicable)*

NAME OF PREVIOUS PRIMARY SCHOOL:

PREVIOUS YEAR LEVEL: _____

PARENT / CAREGIVER INFORMATION

MOTHER

NAME OF MOTHER: _____ OCCUPATION: _____ COUNTRY OF BIRTH: _____

PHYSICAL ADDRESS: _____

POSTAL ADDRESS: _____
(if different from the physical address)

HOME PHONE: _____ WK PH/PLACE: _____ MOBILE PHONE: _____

FATHER

NAME OF FATHER: _____ OCCUPATION: _____ COUNTRY OF BIRTH: _____

PHYSICAL ADDRESS: _____

POSTAL ADDRESS: _____
(if different from the physical address)

HOME PHONE: _____ WK PH/PLACE: _____ MOBILE PHONE: _____

IF STUDENT IS LIVING WITH SOMEONE OTHER THAN A PARENT

NAME OF CAREGIVER: _____ COUNTRY OF BIRTH _____

RELATIONSHIP TO CHILD: _____

PHYSICAL ADDRESS: _____

POSTAL ADDRESS: _____
If different from the physical address

HOME PHONE: _____ WORK PHONE: _____ MOBILE PHONE: _____

EMAIL ADDRESS: _____

ANY CUSTODY/ACCESS ARRANGEMENTS FOR THE SCHOOL TO BE AWARE OF

NOTIFICATION OF ANY CUSTODY/ACCESS ARRANGEMENTS: (please attach copies of any relevant court papers)

EVIDENCE OF LEGAL CUSTODY IF THE STUDENT IS NOT RESIDING WITH A PARENT

COURT ORDER ISSUED: YES / NO

EMERGENCY CONTACTS

(only in cases of serious illness or accident and if parent/caregiver cannot be contacted)

NAME	RELATIONSHIP	HOME PHONE	WORK PHONE	MOBILE PHONE

PARENT/CAREGIVER DECLARATION (to be read and signed)

I wish to enrol my son/daughter at Whangarei Heads School and acknowledge the educational philosophy outlined in the school's Information Pack.

- I confirm the information in this form is true and correct. I understand that the information provided may be used for school and Board activities, and can be passed to other agencies that work with the school for educational purposes.
- I understand my child's educational records may be requested from previous schools, and passed on to subsequent schools.
- I understand the school provides a range of support services, and that I may access these services if my child requires.
- I will support Whangarei Heads School in all aspects of its Behaviour Code.
- I understand that if my child is ill, he/she will be kept at home and I will inform the school of his/her absence.
- I have read and signed the Internet Safety Agreement Use Policy and explained it to my child and we understand the policy and agree to abide by it.

I GIVE MY CONSENT FOR:

- My child to have his/her photograph and name used in both electronic and printed school and community publications (e.g., school website, newsletter and local paper).
- My child to participate in supervised school trips/activities. I understand that such trips if considered low risk may take place without notification being sent home.
- The school, in cases of serious illness, emergency or accident when I cannot be contacted, to arrange for my child to be taken to Emergency/Medical Services. I agree to meet any costs incurred for the treatment and/or transport of my child to medical attention.

PARENT/CAREGIVER NAME: _____

SIGNATURE: _____ **DATE:** _____

HEALTH CONSENT

I consent to my child's vision and hearing being tested YES / NO (please circle)

Full name and signature: _____ Date: _____

PARENT/CAREGIVER CHECKLIST (enrolment form and attachments)

SCHOOL ENROLMENT FORM COMPLETED AND SIGNED

COPY OF BIRTH CERTIFICATE

PASSPORT - ONLY if from overseas. STUDENT VISA and PARENT WORK VISA/RESIDENT VISA

COPY OF PREVIOUS SCHOOL REPORT (if applicable)

COPY OF IMMUNISATION CERTIFICATE

THIS SECTION IS FOR WHANGAREI HEADS SCHOOL STAFF TO COMPLETE

ENROLMENT NO: _____ **ENROLMENT START DATE:** _____ **NSN:** _____

YEAR LEVEL: _____ **ROOM:** _____

PHOTOCOPY EVIDENCE FOR: **a) BIRTH CERTIFICATE** **b) IMMUNISATION CERTIFICATE**

ENROLMENT INFORMATION RECHECKED PRIOR TO STUDENT STARTING: **SIGN:** _____ **DATE:** _____