



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: _____

START DATE (Estimated): _____

ADDRESS: _____

_____ In Zone/Out of Zone (circle)

PRIMARY CONTACT EMAIL ADDRESS: _____

PRIMARY CONTACT PHONE NUMBER/S: _____

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 NZ (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
AND YEAR LEVEL:

MEDICAL INFORMATION

NAME OF DOCTOR: _____ PHONE NUMBER: _____

ADDRESS OF DOCTOR/MEDICAL CENTRE: _____

Please circle if your child suffers from any of the following medical conditions:

ASTHMA

DIABETES

EPILEPSY

BEE/WASP STING ALLERGY

FOOD ALLERGY

MIGRAINES

OTHER

DETAIL MEDICAL CONDITIONS AND PRESCRIBED MEDICATIONS:

If a student requires regular medication, parents must leave a supply with the school office, accompanied by a medical authorisation form (available from the office) and dosage instructions. All medications should be in original packages and clearly labelled with student names.

IMMUNISED? YES / NO

IMMUNISATION CERTIFICATE ATTACHED? YES / NO

DOES THE STUDENT HAVE A PHYSICAL CONDITION THAT MIGHT AFFECT CLASSROOM LEARNING – SUCH AS HEARING LOSS, NEED FOR GLASSES, MOTOR SKILLS LOSS? YES / NO

IF YES, PLEASE EXPLAIN: _____

STUDENT LEARNING INFORMATION

LEARNING AND BEHAVIOUR NEEDS: _____

SPECIAL NEEDS (BACKGROUND/FUNDING), E.G., ESOL, ORRS: _____

HAS YOUR CHILD EVER BEEN STOOD DOWN OR EXCLUDED FROM ANOTHER SCHOOL? YES / NO

HAS YOUR CHILD EVER BEEN REFERRED TO GROUP SPECIAL EDUCATION (GSE) OR A RESOURCE TEACHER FOR LEARNING & BEHAVIOUR (RTLB)? YES / NO

IS THERE ANY OTHER INFORMATION YOU WOULD LIKE US TO KNOW ABOUT YOUR CHILD? _____

SIBLING INFORMATION

NAMES OF FAMILY MEMBERS ATTENDING THIS SCHOOL: _____

NAMES OF OTHER FAMILY MEMBERS LIKELY TO ATTEND THIS SCHOOL:

Child's Name: _____ D.O.B. _____

Child's Name: _____ D.O.B. _____

PARENT / CAREGIVER INFORMATION

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

PHYSICAL ADDRESS: _____

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

MOBILE PHONE: _____ HOME OR WORK PH: _____

EMAIL ADDRESS: _____

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

PHYSICAL ADDRESS: _____

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

MOBILE PHONE: _____ HOME OR WORK PH: _____

EMAIL ADDRESS: _____

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

MOBILE PHONE: _____ HOME OR WORK PH: _____

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	MOBILE PHONE	HOME OR WORK 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 confirm that the address that I have provided to the school will be the usual place of residence of.....(student's name) when the school is open for instruction. I will advise the school of any subsequent change of address.
- 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 Cyber Safety Agreement and Bring Your Own Device Policy and explained it to my child and we understand and agree to abide.
- Students must turn off their devices and hand them in to the teacher at the beginning of the day, and can collect the device at the end of the day, unless there is an approved purpose for the phone – such as high health, disability or learning support requirement for the personal device.

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. I will complete all EOTC (Education Outside the Classroom) permission forms as required for camps, trips and activities.
- 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 of Parent/Caregiver: _____

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

PROOF OF ADDRESS – EG Power bill or Rates bill

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: _____