

WAATEA SCHOOL ENROLMENT FORM

A: 31 Calthorp Close, Favona, Auckland | T: 0800-922-832 | E: admin@waatea.school.nz

CHILD DETAILS	
Child's official first name:	
Child's official surname:	
Child's official other names/middle names:	
Name your child prefers (if different from legal name):	
Date of birth: DD / MM / YYYY	Gender (please tick one): Female <input type="checkbox"/> Male <input type="checkbox"/>
Is your child a NZ citizen? (if no, please provide documents of permission to study in NZ) YES / NO (circle one)	
Primary residential address:	
Child's ethnicity:	Child's iwi:
Name/s of sibling/s attending Waatea:	

PARENTS / GUARDIANS	
First name:	First name:
Surname:	Surname:
Address:	Address:
Phone (home):	Phone (home):
Phone (work):	Phone (work):
Phone (mobile):	Phone (mobile):
Email:	Email:
Relationship to child:	Relationship to child:

EMERGENCY CONTACT	
First name:	First name:
Surname:	Surname:
Address:	Address:
Phone (home):	Phone (home):
Phone (work):	Phone (work):
Phone (mobile):	Phone (mobile):
Email:	Email:
Relationship to child:	Relationship to child:

CUSTODIAL STATEMENT
Are there any custodial arrangements concerning your child? (if yes, please provide details and a copy of court order)

PERSON/S WHO <u>CANNOT</u> COLLECT YOUR CHILD	
First name:	First name:
Surname:	Surname:

MEDICAL HISTORY	
Doctors name:	
Doctors address:	
Doctors phone:	
Is your child up to date with immunisations (please provide proof): <input type="checkbox"/> YES <input type="checkbox"/> NO (please tick one)	
Any known allergies:	
Any known severe medical or chronic illness (with treatment plan):	
Do you allow the staff at Waatea School to provide first aid care when needed and in severe cases, call for emergency help?	<input type="checkbox"/> YES <input type="checkbox"/> NO (please tick one)

Do you allow the staff at Waatea School to provide your child with first aid supplies when needed (including but not limited to plasters, icepack, arnica cream, bandages etc)? (an incident report will be provided upon collection of child following any treatment and/or a phone call)	<input type="checkbox"/> YES <input type="checkbox"/> NO (please tick one)
I understand that in the event of <u>ANY</u> head injury, my child <u>MUST</u> be collected immediately (an incident report will be provided upon collection of the child)	<input type="checkbox"/> YES <input type="checkbox"/> NO (please tick one)
Parent/caregiver sign: _____ Date: _____	

PREVIOUS SCHOOL HISTORY	
Name of school:	
Years attended:	
Name of School:	
Years attended:	

EARLY CHILDHOOD EDUCATION HISTORY (NEW ENTRANTS ONLY)			
Did your child attend one or more Early Childhood Education service(s) in the six months prior to starting school? Please complete the table below for the last service(s) attended.			
Instructions:			
1. If your child was attending more than one service <u>at the same time</u> , please enter hours per week for up to three services 2. If your child attended one service, but changed to a different service within the six months prior to starting school, please complete the table for the <u>last service only</u> , not both 3. If the child's attendance hours varied, or you are uncertain, please enter an approximate or average number of <u>hours per week</u>			
Early Childhood Settings	Service 1 - hours	Service 2 - hours	Service 3 - hours
Kōhanga Reo			
Playcentre			
Kindergarten or Education and Care centre			
Home Based service			
Playgroup			
OR, tick one of the boxes below:			
Attended, but only outside of NZ	<input type="checkbox"/> YES <input type="checkbox"/> NO		
Attended, but unsure on type of service	<input type="checkbox"/> YES <input type="checkbox"/> NO		
Did not attend	<input type="checkbox"/> YES <input type="checkbox"/> NO		
Don't know	<input type="checkbox"/> YES <input type="checkbox"/> NO		

PERMISSION, CONSENT & CONFIRMATION

Please read the following statements and circle yes OR no -

1. I give permission for my child to attend LOCAL planned & unplanned excursions provided I am well informed: YES / NO
2. I give permission for my child's photograph to be taken and used for promotional purposes such as school magazine, newsletter, school website and school displays: YES / NO
3. I give permission for my child to attend and participate in events that occur on the marae grounds during school time and in some cases after school hours: YES / NO

Parent/guardian signature:

Date:

In terms of the Privacy Act 2020, we need your confirmation for the following statements to complete your child's enrolment. Please read and circle yes or no.

(Should you require further information regarding the statements, please ask for assistance from the Principal)

1. I agree to Waatea School collecting information relating to my child's educational progress: YES / NO
2. I agree to Waatea School requesting records from my child's previous school: YES / NO
3. I agree to Waatea School sending my child's records to another school should my child leave and the new school requests this information: YES / NO
4. I agree to Waatea School allowing my child's records be accessed by the following partner agencies ONLY:
 - School Nurse: YES / NO (form attached to be signed and returned)
 - Dentist Clinic @ Buckland Road: YES / NO (form attached to be signed and returned)
 - Special Education services staff (e.g Hearing & vision or Speech language): YES / NO

Please note the following:

- The dental therapist periodically seeks names and classes of children who are not enrolled with a dental clinic and treatment is needing to be done.
- Completed health consent forms are forwarded to our designated Public Health nurse provided by Turuki Health.

Parent/guardian signature:

Date:

I confirm that the information provided in this enrolment form is true and correct to the best of my knowledge and should any information change, I will inform the school immediately

Parent/guardian signature:

Date:

PRIVACY STATEMENT

We are collecting personal information on this enrolment form for the purposes of providing primary school education for your child.

We will use and disclose your child's information only in accordance with the Privacy Act 2020. Under that Act you have the right to access and request correction of any personal information we hold about you or your child.

Details about your child's identity will be shared with the Ministry of Education so that it can allocate a national student number for your child. This unique identifier will be used for research, statistics, funding, and the measurement of educational outcomes. You can find more information about national student numbers at: www.minedu.govt.nz/parents. The Ministry of Education shares information about five year olds enrolled in school with Ministry of Health professionals as part of the B4 School Check Ministry of Health initiative.

OFFICE USE ONLY

Birth Certificate/passport sighted & copied	YES / NO
Immunisation record sighted & copied	YES / NO
Dental form signed & returned (if applicable)	YES / NO
Turuki Health form signed & returned	YES / NO
Healthy food agreement	YES / NO
ICT agreement form	YES / NO
Whānau ora information and referral provided (if applicable)	YES / NO

Date received:	
Start date:	
ETAP entered:	YES / NO
NSN:	
Year Level & Class	

Office/Principal sign:	Date:
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