



# Howick Primary School

## IN ZONE ENROLMENT FORM

### Student Enrolment Form

Willoughby Ave, Howick, Auckland. Phone (09) 534-6082 email:office@howickprimary.school.nz

#### STUDENT DETAILS

**First Name(s) Legal:** \_\_\_\_\_

*(Including middle names)*

**Preferred First Name** *(If different from above)* \_\_\_\_\_

**Surname (Legal):** \_\_\_\_\_

**Preferred Surname** *(If different from above)* \_\_\_\_\_

**Home Address:** \_\_\_\_\_

**Date of Birth:** *(dd/mm/yy)* \_\_\_\_\_ **Gender:** \_\_\_\_\_

**Ethnicity:** \_\_\_\_\_

*(eg, NZ European, Maori, Chinese etc)*

**Country of Birth:** \_\_\_\_\_

NZ Citizen Yes / No

NZ Resident Yes / No *(copy of visa required)*

**Date of Entry to NZ:** \_\_\_\_\_ *(dd/mm/yy)*

**All Languages spoken:** \_\_\_\_\_

*(eg, Mandarin, Cantonese Afrikaans etc)*

#### Permissions:

**Attend Bible?**  Yes  No

**Publish student's images electronically?**  Yes  No

**We need:**  NZ Birth Certificate or  NZ Passport or  Passport and Visa

**Proof of address supplied:** Power Bill -  Rates Bill  Tenancy  *(Two of the three required)*

#### For Office Use only:

**Start Date:** \_\_\_\_\_

**NSN:** \_\_\_\_\_

**ENROL:**

**DOB Verification/Visa:** Yes / No

**Immunisation:** Yes / No

**Completed BYOD/Digital Form:** Yes / No

**Completed EOTC Form:** Yes / No

**Completed ESOL Form:** Yes/No

**Proof of Address Received** Yes / No

**Montessori:** Yes / No

**Additional Information:**

**Enrolment Confirmation Letter:**

**Year Level:** \_\_\_\_\_

**Room:** \_\_\_\_\_

**Teacher:** \_\_\_\_\_

**Whanau:** \_\_\_\_\_

**Birth date verification:**

**Birth Certificate Number:**

**Passport Number:**

**SF:** \_\_\_\_\_ **Letter:** \_\_\_\_\_

#### PARENT/GUARDIAN DETAILS

**Parent A/Guardian:** Title \_\_\_\_\_ Name: \_\_\_\_\_ Occupation: \_\_\_\_\_

Lives with?

If not Parent, please indicate relationship: \_\_\_\_\_

**Home address:** \_\_\_\_\_

Phone: (Home): \_\_\_\_\_ Phone: Work: \_\_\_\_\_

Email: \_\_\_\_\_ Mobile: \_\_\_\_\_

**Parent B/Guardian:** Title \_\_\_\_\_ Name: \_\_\_\_\_ Occupation: \_\_\_\_\_

Lives with?

If not Parent, please indicate relationship: \_\_\_\_\_

**Home address:** \_\_\_\_\_

Phone: (Home): \_\_\_\_\_ Phone: Work: \_\_\_\_\_

Email: \_\_\_\_\_ Mobile: \_\_\_\_\_

**Emergency Contacts:** Name: \_\_\_\_\_ Name: \_\_\_\_\_

Please use same as sibling   
 *(尽量可以听懂并且讲英语)* Phone: \_\_\_\_\_ Phone: \_\_\_\_\_

Relationship: \_\_\_\_\_ Relationship: \_\_\_\_\_

#### CUSTODY ACCESS

**Court orders issued?** Yes / No / NA Attach further information as required.

#### HEALTH RECORD

**Name of Family Doctor:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Medical Conditions:** \_\_\_\_\_ **Medication:** \_\_\_\_\_

**Sight/Vision/Speech/Hearing:** \_\_\_\_\_

**PREVIOUS SCHOOLING (INCLUDING EARLY CHILDHOOD EDUCATION)**

Student is transferring from which School/ Kindergarten (Name)?: \_\_\_\_\_

Year Level: \_\_\_\_\_

Date Started School (if known): \_\_\_\_\_

Please indicate any Early Childhood education this student has received (if just starting school this year)

- Kohanga Reo
- Playcentre
- Kindergarten or Early Childhood Education Centre
- Home Based Service
- Attended, but only outside New Zealand
- Did not attend any service

Was ECE regularly attended?  
 Yes, for the last \_\_\_\_\_ year/s  
 Not regularly, only occasionally  
 Approx number of hours per week \_\_\_\_\_

**ETHNIC GROUPS**

Please choose up to three Ethnic Groups which you feel your child belongs to:

- New Zealand European
- Other European \_\_\_\_\_
- New Zealand Maori – Please indicate iwi Affiliation
- Pacific Islands (specify) \_\_\_\_\_
- 1. \_\_\_\_\_
- Asian (specify) \_\_\_\_\_
- 2. \_\_\_\_\_
- Other (specify) \_\_\_\_\_

**LEARNING AND BEHAVIOUR**

Learning/Behaviour Needs:

(Does your child see anyone from the Ministry, speech therapy, or hearing etc)

(History/current) Specialist Needs/Doctor/ORS/Early Intervention MOE Special Education: \_\_\_\_\_

Name of Caseworker (add previous/current) : \_\_\_\_\_

Medical Diagnosis : \_\_\_\_\_

Has your child been stood down, suspended or excluded from another school?  Yes  No

If yes, what was the reason? \_\_\_\_\_

**SIBLING/S CURRENTLY ATTENDING THIS SCHOOL**

Yes  No If yes:

1. Name: \_\_\_\_\_ Room No: \_\_\_\_ 2. Name: \_\_\_\_\_ Room No: \_\_\_\_

**DETAILS OF PRE-SCHOOLERS LIKELY TO BE ATTENDING THIS SCHOOL IN THE FUTURE**

1. Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_

2. Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_

**PARENT/CAREGIVER DECLARATION**

I/We acknowledge that the information is true and correct in every particular and will be relied upon by the School.

I/We agree that our child shall abide by all School Rules and Regulations.

I/We understand the need to pay school costs.

I/We understand and give permission for the medication detailed in the Health Record list to be administered if, and when, necessary by the staff of Howick Primary School. If our child requires short term medication, eg, cough syrup/antibiotics, I/We will complete a medication request form at the office, which gives the school staff permission to administer this medication, the reason for the medication and will ensure the container is clearly labelled with the child's name, the contents of the container, the dosage, expiry date and other relevant information (eg, store in fridge). In the event of an accident or sudden illness, I/We authorise the staff of Howick Primary School to obtain such medical assistance as may be necessary.

I/We understand that my child's work and images may be used in accord with the school's e-learning procedure.

I/We understand that the information on this form will be used by HPS to maintain appropriate school records and effective contact with the enrolled pupil's parents/caregivers.

I/We also agree to the school requesting relevant information from other schools and from the Ministry of Education, for enrolment purposes and class placements and to forwarding relevant information to another school for enrolment purposes and class placements.

**Privacy Statement:** This information collected will be used by the school for enrolment and forms an essential part of the information held by the school on your child. The records made from this information may be viewed on request at the school. The information may be disclosed to appropriate education, health and welfare authorities and for data-gathering purposes by the New Zealand Ministry of Education, in accordance with the principles of the Privacy Act. It will not be disclosed to any other person or agency unless such disclosure is authorised or required by law.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_