

**SOUTH FEATHERSTON**

***Town and Country School***

**SOUTH FEATHERSTON SCHOOL ENROLMENT FORM**

**STUDENT DETAILS:**

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| **Family Name:** | **First Names:** |
| **Gender:**  | **Date of Birth:** | **Year Level:** |
| **Siblings at South Featherston School:** |
| **Previous School or Pre-School:** |
| **Physical Address:****Home Phone:** **Internet Access: Yes / No** |
| **Postal Address: *(Only if different from above)*** |
| **Ethnicity:** NZ European Maori Other (please state):If Maori, state Iwi affiliation: |
| **Born in New Zealand: Yes / No**If yes, copy of birth certificate or NZ passport must be attached for New Entrants. **Nationality:** **First Language:**If not born in New Zealand, copy of passport and visa must be attached. |
| **STUDENT HEALTH RECORD** |
| *In the event of illness or injury, trained first aid staff will assess the situation and take appropriate measures.**For some minor ailments, caregivers will be contacted and asked to take their child home.**In serious situations, your child may be transferred to the local medical centre which MAY incur a cost to you. In emergency situations, action may need to be taken without prior consultation with caregivers.***Your child’s Doctor / Medical Centre** ………………………………………………..Do you give permission for paracetamol to be administered if considered appropriate? **Yes / No**Does your child suffer from any of the following? *(Please circle)*Asthma Epilepsy Diabetes Allergies (please specify)…………………………Other (please specify) ……………………………………………………..In the event of an episode involving any of the above, what medication or assistance may be required?Is your child taking any ongoing medication? **Yes / No** Please specify medication………………………………………………. …………...............Is there a requirement for the school to be involved with safekeeping or dispensing? **Yes / No** **Please explain** |
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| **CAREGIVER DETAILS:***(i.e. The person/s who live at the student’s address and is/are officially responsible for them)* |
| Title: Mr / Mrs / Miss / Ms | Title: Mr / Mrs / Miss / Ms |
| Family Name: | Family Name: |
| First Name: | First Name: |
| Relationship to student: | Relationship to student: |
| Address: | Address: |
| Phone: Home:Work:Cell Phone: | Phone: Home:Work:Cell Phone: |
| Ethnicity: | Ethnicity: |
| Email: | Email: |
| Occupation: | Occupation: |
| Employer: | Employer: |
| **OTHER INTERESTED PARTIES:**Is there another parent or interested person who requires copies of reports for this student? **Yes / No**Name:Postal Address: Relationship to student:Are there any specific access / custody orders that the school should be aware of? **Yes / No**If yes, please explain and provide copies of necessary documentation. |
| **MEDICAL / EMERGENCY CONTACT:**Give the name of another person who can be contacted in the event of illness or injury if the above caregiversare not available.Name: Relationship to Student: Phone (Home): Phone (Work): |
| **STUDENT WORK AND IMAGES:**Students may have their work and/or personal images used by the school for publicity or on our website. Wewill never publish their family name. Do we have your permission for this? **Yes / No** |
| **CIVIL DEFENCE INFORMATION:**In the event of a Civil Defence emergency, all students must remain at school until collected by the caregivers listed above OR until alternative arrangements can be made. |

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| **Future Family Members Likely to Attend This School:**Name Age Gender Date of Birth |
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| Name Age Gender Date of Birth |
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| Name Age Gender Date of Birth |
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| **Extra Student Notes / Information:** |
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|  ***PERMISSIONS******We need your permission for various school activities, and often have difficulty getting notices or letters returned.*** *I give permission for my child to go on low risk school trips. High risk trips which may include overnight stays or activities with risks attached will still require specific permission**I understand that I may withdraw permission at any time for any event or trip my child is involved in.**I give permission for my child’s hair to be checked for headlice. This will be carried out in a private setting by our school Health Nurse.* *I give permission for my child to partake in the Milk For Schools programme.**I understand that any information provided concerning my child, will be used to assist my child and will be used according to the provisions of the Privacy Act, 1995.* |

*In terms of the privacy act, I understand that the information on this form is collected to form part of the essential information the school holds on my child. The records made from this information may be viewed on request at the school. I approve the forwarding of information when my child transfers to another school. I further approve the forwarding of my child’s name and address on request to a potential intermediate or secondary school.*

 Name of Caregiver: Signature

 Name of Staff Member: Signature

 Date:

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| **OFFICE USE ONLY** |
| **National student number:** |  |
| **Year Level:** |  |
| **Room:** |  |
| **Start Date:** |  |

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|  **Recheck form** |  |
|  **Copy of** **Birth Certificate** |  |
| **Copy of Immunisation Record** |  |
| **Enrol** |  |
| **Request notes of previous school** |  |