



ALLANDALE SCHOOL ENROLMENT FORM

Welcome to Allandale School below are places where you can access more information about our school.

Office number: 07 3087645, Email: learnalot@allandale.school.nz
Facebook: Allandale School Whakatane, Website: allandale.school.nz

A. <u>Student Details</u> (Please print clearly)		
Legal Surname:	Legal first names:	
Preferred Surname:	Preferred first names:	
Date of Birth: / /	Boy / Girl (Please circle)	
In Zone / Out of Zone (Please circle)	Start Date:	
Previous School / Pre-School / Kindergarten / Kohanga	Current Year Level:	
Years at Pre-School:	Hours Per Week:	Days Per Week:
Siblings at this school:		
B. <u>Students Ethnic Background</u>		
Country of Birth:	Residency/Citizenship? YES / NO (Leave blank if your child was born in NZ)	
Ethnicity:	<u>Iwi/Hapu:</u>	<u>Entry date to New Zealand:</u> / /
		<u>Permit Expiry Date:</u> / /
		Languages spoken at home:
<u>Pepeha</u> Maunga (mountain) _____ Awa (river) _____ Waka (canoe) _____ Iwi (tribe) _____ Marae _____ No hea (where from) _____		

As a parent are you? NZ Born / Migrant / Refugee background (Please circle) Date of entry to NZ Parent: _____ Child: _____			
C. <u>Parents / Caregiver Details</u>			
Relationship to Child:		Relationship to Child:	
Mr/Mrs/Ms/Miss/Dr (Please circle)		Mr/Mrs/Ms/Miss/Dr (Please circle)	
Surname:		Surname:	
First name:		First name:	
Address:		Address:	
Home phone:	Work Phone:	Home phone:	Work Phone:
Mobile no: Email:		Mobile no: Email:	
Occupation:		Occupation:	
Who does the child live with: Mother & Father Mother Father Grandparent Other:			
As an enrolling parent does the school need to know of any custody conditions: No / Yes (Please elaborate)			
Please record any custodial arrangements which may impinge upon your child's/children's schooling:			
Tell us any additional information about your child: (e.g Interests, talents, out of school activities:			

D. Other Emergency Contacts (eg Grandparents, aunt, uncle, friend)

In the event we cannot contact either of the parents/guardians, who would you like us to contact? These people need to be local, please.

Name:

Name:

Relationships to child:

Relationships to child:

Home Phone:

Home Phone:

Mobile Phone:

Mobile Phone:

E. Medical Information

Doctor:

Dentist:

Address:

Address:

Phone:

Phone:

Has your child been Immunised? YES / NO If yes, please attach a copy of the immunisation certificate and circle relevant immunisations:

Diphtheria / Hepatitis / HIB / Measles / MENINGOCOCCAL B / Mumps / Pertussis / Polio / Tetanus

Has your child had a B4 School Check? YES / NO
Any concerns noted?

Does your child suffer from:

Asthma - Inhaler/spacer to be kept in the sickbay.

Diabetes

Allergies/Eczema: Please specify:

Wetting/Soiling

Earache / Glue Ear

Food Allergies:

Other medical conditions:

Please detail any medication requirements for your child:

I give permission for:

School staff to administer medication as required YES / NO

Public Health Nurse YES / NO

Vision and Hearing Technician YES / NO

You will be contacted if there are any concerns regarding your child's health.

F. Learning and Behaviour

Is your child receiving any assistance from outside agencies i.e. RTLB, Special Education. Speech or any other support for learning or behaviour YES / NO

Is Yes please detail learning / behaviour needs:

G. Other Information

Please list any members of your family who are likely to attend this school in the future:

- | | | |
|----|--|----------------|
| 1. | | Birthdate: / / |
| 2. | | Birthdate: / / |
| 3. | | Birthdate: / / |

Whānau Involvement: (Please circle)

Sports Coaching Road Patrol supervision Lunches Working bees Gardening

Classroom help with reading Classroom help with mixing paints/odd jobs

Please add your interests and special talents:

PUBLISHING PHOTOS - I give permission for my child's photo to be published on the school website, Facebook, Seesaw or school newsletter - **YES NO**

SCHOOL TRIPS - YES NO - written notification of intended trips will be sent home

Bible in Schools? (Year 4 / 5 / 6 children only) Yes / No

Privacy Statement: The 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 collected 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 authorized or required by law.

Parent Approvals: I agree that the school will take action on my behalf in case of sudden illness or injury. I give permission for the school to publish original work produced by my child on the school's web page in accordance with the school's policy. I agree to abide by school policies. I agree that the school may forward my child's name and address to a potential intermediate school.

SIGNATURE OF PARENT / CAREGIVER: Signed _____

Date _____

OFFICE USE ONLY

Start date: / /	Year:	Room:	Teacher:
Copy of Birth date verification: Birth Certificate Passport (Please circle)			Copy of immunisation:
Enrolment Number:	NSN:	Entered In School Records	Enrolled Date: / /
ETAP	ENROL	ROLL	REGISTER