



Onewhero Area School

OFFICE USE ONLY-	
START DATE:	STARTING YEAR LEVEL:
ROOM:	SMS ADMISSION NO.:
NSN NO:	HOUSE:
BUS ROUTE:	

OUT OF ZONE ENROLMENT FORM

This information is gathered for the purposes of furthering the education of your child. It will be used within the school and as statistical information when required by the Ministry of Education. In completing such official requests individual students are not identified. You have the right to alter or amend any of these details at any time while your child attends Onewhero Area School. You also have the right to view the information held in the office that pertains to this enrolment.

STUDENT DETAILS Legal Surname: Preferred Surname: Legal First Name(s): Preferred First Name:	Gender: Male/Female	Last School attended:
	Date of Birth: / /	Eldest child at this school: Y / N
	Home Phone No: Students Mobile No:	Students Birth Certificate No. Or, Students Passport No.

Students Permanent Residential Address:

Town: _____ Postcode: _____

Ethnic Groups Child Relates To. Please tick relevant boxes:
(This information is required by the Ministry of Education)

- NZ European/Pakeha
 Maori

If NZ Maori, please state Iwi:

Iwi: _____

Iwi: _____

Iwi: _____

Tick box and specify where indicated: (e.g. Samoan)

- Other European Specify
 Polynesian Specify
 Asian Specify
 Other Specify

Languages spoken: _____

Main language used at home: _____

Born in New Zealand? Yes/No (please circle)

If you were not born in NZ, please answer the following questions:

Country of origin: _____

Approximate date of arrival in NZ: _____

Is the student a: (please tick box)

- Citizen of NZ
 Permanent Resident
 Holder of a current open student visa as a dependent of a holder of an unexpired work permit.
 Student on a Government approved exchange scheme.

If the student is a permanent resident or holder of a current open student visa, please complete the following:

- Passport No.
 Visa No.
 Work Permit:
 Documents sighted date:

PARENT/CAREGIVER(s) DETAILS 1 (Living at same address as student):

Title: (circle one) Mr/Mrs/Ms/Miss

First Name:

Surname:

Home Phone: _____

Mobile: _____

Work No: _____

Workplace: _____

Email: _____

Occupation: _____

(required by Ministry Of Education)

Relationship to Student: Mother/Father/Legal Guardian

Requires copy of school report? Yes/No

PARENT/CAREGIVER(s) DETAILS 2 (Living at same address as student):

Title: (circle one) Mr/Mrs/Ms/Miss

First Name:

Surname:

Home Phone: _____

Mobile: _____

Work No: _____

Workplace: _____

Email: _____

Occupation: _____

(required by Ministry Of Education)

Relationship to Student: Mother/Father/Legal Guardian

Requires copy of school report? Yes/No

NAME & ADDRESS OF PARENT(S) (LIVING AT SEPARATE ADDRESS):

Title: (circle one) Mr/Mrs/Ms/Miss

First Name: _____ Surname: _____

Home Phone: _____ Mobile: _____

Work: _____ Email: _____

Occupation: _____ Workplace: _____

Address: _____

Relationship to Student: Mother/Father/Legal Guardian

Requires copy of school report? Yes/No

(All correspondence is addressed to the main caregiver at the students address in page 1)**NAME & ADDRESS OF PARENT(S) (LIVING AT SEPARATE ADDRESS):**

Title: (circle one) Mr/Mrs/Ms/Miss

First Name: _____ Surname: _____

Home Phone: _____ Mobile: _____

Work: _____ Email: _____

Occupation: _____ Workplace: _____

Address: _____

Relationship to Student: Mother/Father/Legal Guardian

Requires copy of school report? Yes/No

(All correspondence is addressed to the main caregiver at the students address in page 1)**FIRST EMERGENCY CONTACT DETAILS (NOT PARENTS)**

Eg: relative/friend/neighbor/work colleague

Full Name: _____

Relationship to child: _____

Home No. _____

Mobile No. _____

Work No _____

SECOND EMERGENCY CONTACT DETAILS (NOT PARENTS)

Eg: relative/friend/neighbor/work colleague

Full Name: _____

Relationship to child: _____

Home No. _____

Mobile No. _____

Work No _____

EARLY CHILDHOOD EDUCATION

Did your child attend regularly?

 Yes, for the last _____ years Not regularly No, did not attend ECE Attended, only outside New Zealand Attended, but don't know what type of service**Please enter the number of hours per week for up to *three* services:** Kohanga Reo Play Centre Kindergarten Early Learning Centre Home based service Correspondence School Te Aho o Te Kurara Pounamu**ECE 1(hrs/wk)****ECE 2(hrs/wk)****ECE 3(hrs/wk)****OTHER DETAILS**

Learning & Behavior needs:

Special Needs (Background/Funding) eg: ESOL, ORRS

Other Information/Requests:

CUSTODY ACCESS

Court order issued? Yes / No

If Yes documents attached Yes / No

Extra Copy of School Report to: (address)

Siblings Currently Attending Onewhero Area School:

Name: _____ DOB _____ Year Level _____ House _____

Name: _____ DOB _____ Year Level _____ House _____

Name: _____ DOB _____ Year Level _____ House _____

Bus Route: (Refer to Franklin South Transport Network Group website for more detail – www.franklinsouthbuses.co.nz)

- TK 1 – Pukekawa/Opuatia
- TK 2 – Onewhero, Te Kohanga
- TK 3 – Tuakau, Port Waikato, Frost Road, Tuakau Bridge
- TK 4 – Onewhero, Klondyke, Frost Road, Tuakau Bridge
- TK 6 – Mercer Ferry / Harrisville
- TK 9 – Glen Murray
- Not Using Bus

STUDENT HEALTH INFORMATION This information assists with student pastoral care and in illness or emergency. The information is confidential, however it may be necessary for student safety to inform relevant staff or medical personnel of medical conditions. Teachers may be informed of conditions affecting the student's educational progress.

Family Doctor:

Medical Centre :

Phone no:

Allergies / ongoing medical conditions: **Yes / No**

If **Yes** and requires medication to be kept at school please ask for an **Individual Health Plan** to complete and you must provide all medication in original pharmacy container with students name and dosage on the label.

IMMUNISATION CERTIFICATE: (Must be brought into school)

Yes / No

Is the student up to date with childhood vaccinations including Tetanus?

Yes / No / Unsure

PERMISSION FOR HEARING AND VISION TESTING:

Do you consent for your child to have a vision, hearing test at school as part of the vision and hearing universal screening programme:

Yes / No

Known issues with **Sight:** Yes / No **Hearing:** Yes / No

Details if Yes:

PERMISSION FOR ADMINISTRATION OF MEDICATION:

Medication, including Panadol/ Pamol (Paracetamol) and anti-histamines cannot be administered to students under 16 years old without parental consent. Please sign permission below for Paracetamol, anti-histamines and other medication, **as stated on the Individual Health Plan** to be given if required.

Panadol/Pamol (Paracetamol) **Yes / No** Ibuprofen **Yes / No**

Anti-histamines **Yes / No**

Signature _____ (parent/caregiver)

PERMISSION IN CASE OF ACCIDENT OR EMERGENCY WHERE SCHOOL IS UNABLE TO CONTACT YOU:

I give permission for the school to make any necessary arrangements for my child's treatment in an accident or emergency and agree to meet any costs incurred. This may include child being taken to Medical Centre or Accident & Emergency Centre.

Yes / No

Signature _____ (parent/caregiver)

DENTAL CARE:

Students from Onewhero Area School will use the mobile dental clinic which visits Onewhero Area School each year. Parents will be contacted before any work is done. If you require urgent attention, please contact the ARDS (Auckland Regional Dental Service) on 0800825583 or www.ards.co.nz

PARENT/CAREGIVER DECLARATIONS AND AGREEMENTS

DECLARATION AND AGREEMENT ONE – PRIVACY STATEMENT

- I accept that my son / daughter's photograph or school work may be used for publicity material (ie website or other displays)
- I / we understand that my child's work and image may be used in accordance with the school's online publishing policy/procedures.
- I / We understand that the information on this form will be used by this school 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 for enrolment purposes and class placements and to forwarding relevant information to another school for enrolment purposes and class placements.
- I / We acknowledge that the information is true and correct and will be relied upon by the school. If found to be false by the school, then the school reserves the right to remove your child.

DECLARATION AND AGREEMENT TWO – USUAL PLACE OF RESIDENCE

- The address given at the time of application for enrolment must be the student's usual place of residence when the school is open for instruction. The address must be a Council approved rateable dwelling whether owner occupied or rented and your family are the sole occupants. The Ministry of Education has advised that parents should be warned of the possible consequences of deliberately attempting to gain unfair priority in enrolment by knowingly giving a false address or making an in zone living arrangement which they intend to be temporary, for example:
- Residing in zone on a short term basis (must reside in zone for a minimum of 3 months from the first day the student commences school at Onewhero Area School).
 - Arranging temporary board in zone with a relative or family friend.
 - Using the in zone address of a relative or friend as an "address of convenience" with no intention to live there on an ongoing basis.
- I confirm that the address which I have provided to Onewhero Area 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. In the event of that change of address from in zone to out of zone may result in the student ceasing to be eligible to remain enrolled as a student of Onewhero Area School.
- I confirm that my son / daughter will reside permanently with their parent/s or Legal Guardian or Authorised Primary Duty of Care for the duration of their attendance at Onewhero Area School.

DECLARATION AND AGREEMENT THREE – POLICIES AND PROCEDURES OF THE SCHOOL

- I have read the Onewhero Area School information Pack and agree to abide by and uphold the guiding principles, rules, values, policies and directives and general terms and conditions including behaviour expectations and school uniform policy. This includes when outside of the school on school trips or on the bus. These can be viewed via the school website.
- Responsible use Policy and use of personal IT devices BYOD information for parents and students – www.onewhero.school.nz / BYOD. Comprehensive information about the BYOD programme, the Responsible Use Policy and recommended devices are provided.

DECLARATION AND AGREEMENT FOUR – POLICIES AND PROCEDURES OF THE SCHOOL

I declare that the information contained in this application is true and correct in every respect and acknowledge that I have accepted and agree to abide by the Declarations and Agreements contained and noted within this document.

Declared on:

Signature of Parent or Legal Guardian or Authorised Primary Duty of Care:



Onewhero Area School Enrolment Checklist

Please complete this checklist to ensure you have all the necessary documentation completed and signed prior to bringing the enrolment forms to Onewhero Area School.

Please note: without all the required documentation we will be unable to accept the application and will return it to you.

In Zone Applicants:

- Enrolment Form – signed by Parent/Caregiver and Student.
- Student's Birth Certificate or Current Passport (will be photocopied at the office for file)
 - If non-NZ/Aus passport with time-limited visa (eg student visa), need end date and number of visa, not passport number
 - If non-NZ/Aus passport with NZ residency, need number of visa not passport number
- Address verification (rental agreement or a utilities account eg: phone or power) and you will need to provide a current utilities bill as at the time your child starts school.
- Copy of immunisation record.
- If the student is living with caregiver/s other than parents, we will need to sight documentation confirming legal guardianship.
- If you have indicated on the enrolment form that a parent/caregiver does not have access rights, you will need to provide us with legal documentation to support this.

Out of Zone Applicants:

Applications for enrolment will be processed in the following order of priority (indicate where applicable):

- First Priority:** must be given to applicants who are siblings of current students
- Second Priority:** must be given to applicants who are siblings of former students
- Third Priority:** must be given to any applicant who is a child of a former student of the school
- Fourth Priority:** must be given to any applicant who is either a child of an employee of the school or a child of a member of the board of the school
- Enrolment Form – signed by Parent/Caregiver and Student.
- Student's Birth Certificate or Current Passport (will be photocopied at the office for file)
 - If non-NZ/Aus passport with time-limited visa (eg student visa), need end date and number of visa, not passport number
 - If non-NZ/Aus passport with NZ residency, need number of visa not passport number
- Copy of immunisation record.
- If the student is living with caregiver/s other than parents, we will need to sight documentation confirming legal guardianship.
- If you have indicated on the enrolment form that a parent/caregiver does not have access rights, you will need to provide us with legal documentation to support this.