

He aha te mea nui o te ao?



He tangata, he tangata,
he tangata

POMARE SCHOOL

Enrolment form

Thank you for enrolling your child at Pomare School and for providing the information requested. To verify your child's eligibility to attend a New Zealand state school, the school will need to see your child's Birth Certificate and/or passport. We may need to see your passport as well. With your permission, copies will be made of these documents. This information will be used to enrol your child and may be used to access additional support.

Parents are asked to familiarise themselves with the school information provided with this enrolment form – particularly the general information sheet about *Smokefree and Vapefree school*, the *requirement to wear a sunhat in terms 1 and 4*, *No Fees or Donations*, the *Code of Conduct for parents*, the *Magic Card*, and *Student internet use*.

As well as this **Enrolment form**, parents should ensure they also complete the **Administration form**, and a **Medicine Consent form** if applicable.

All school policies can be accessed at www.schooldocs.co.nz username *pomare* password *pride*

The school does not have an enrolment zone – any eligible student can attend Pomare School.

POMARE SCHOOL ENROLMENT FORM

CHILDS INFORMATION	Child's Legal Surname:		<table border="1"> <tr> <td>ENROL</td> <td>Yes</td> </tr> <tr> <td>NSN</td> <td></td> </tr> <tr> <td>Birth Cert</td> <td>Yes/No</td> </tr> <tr> <td>Passport</td> <td>Yes/No</td> </tr> <tr> <td>ESOL</td> <td>Yes/No</td> </tr> <tr> <td>Imm.Cert</td> <td></td> </tr> <tr> <td>Age 1.1</td> <td></td> </tr> <tr> <td>Current Age</td> <td></td> </tr> <tr> <td>Ex Pomare?</td> <td>Yes/No</td> </tr> <tr> <td>Principal</td> <td>Yes/No</td> </tr> <tr> <td>Date in</td> <td></td> </tr> <tr> <td>Year</td> <td></td> </tr> <tr> <td>Room</td> <td></td> </tr> </table>	ENROL	Yes	NSN		Birth Cert	Yes/No	Passport	Yes/No	ESOL	Yes/No	Imm.Cert		Age 1.1		Current Age		Ex Pomare?	Yes/No	Principal	Yes/No	Date in		Year		Room	
	ENROL	Yes																											
	NSN																												
	Birth Cert	Yes/No																											
	Passport	Yes/No																											
	ESOL	Yes/No																											
	Imm.Cert																												
	Age 1.1																												
	Current Age																												
	Ex Pomare?	Yes/No																											
	Principal	Yes/No																											
	Date in																												
Year																													
Room																													
Child's Preferred Surname:																													
Child's Legal First Name/s:																													
Child's Preferred First Name/s:																													
Address:																													
	Area Code																												
Date Of Birth:		Boy / Girl																											
Place In Family: e.g. 1 st of 3 of																												
Country of Birth: <small>(Please note you must provide a birth certificate or passport)</small>		Date into NZ: (complete page 4)																											
Ethnicity:		Iwi:																											
Home Language:	<small>(If not English or you or your child speaks another language please complete page 4)</small>																												
Religious/cultural considerations:																													

Medical: please detail your child's medical history

Doctor's name:

Medical practice / clinic:

Does your child suffer any medical problem we should be aware of?

- Asthma Vision Hearing Speech
 other: *give details*

Does your child have any allergies? (eg: Bee stings, foods, soaps etc.)

Is your child lactose intolerant? Yes / No Have any allergy to milk or fruit? Yes / No

Has your child ever contracted or been in contact with any communicable disease?

Does your child take any medicine regularly?

Does your child need to take any medicine at school? **Yes** – complete consent form / **No**

I consent to my child being given a panadol / paracetamol if deemed necessary by staff and I cannot be contacted.	Yes / No
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I also authorise my emergency contact person to make emergency decisions regarding the care of my child <i>in consultation with the school</i> if I cannot be contacted.	Yes / No
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Pre-School Attended: if attending more than one service at the same time, enter hours per week for up to three services

	1. hours per week	2. hours per week	3. hours per week
<input type="checkbox"/> Kōhanga Reo			
<input type="checkbox"/> Playcentre			
<input type="checkbox"/> Kindergarten or Education & Care Centre			
<input type="checkbox"/> Home based service			
<input type="checkbox"/> Playgroup			
<input type="checkbox"/> Correspondence School			

- Attended regularly for the last _____ years (booked into sessions & generally attended those sessions)
 Not regularly, only occasionally with no on-going schedule

Or

- Attended, but don't know what type of service Attended, but outside NZ
 Unable to establish if attended or not Did not attend

Pre-school name:

Early education centre portfolio available:	Yes / No
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Last School Attended:	Time there:
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Last Teacher:	Level/Year:
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Special learning requirements: Please let us know about any special needs your child may have, including learning difficulties, physical, and/or social issues. Have any reports or assessments been completed for your child by health, social, or educational agencies?

CAREGIVER/PARENT INFORMATION	Caregiver 1:		
	Surname:	First Name:	Relationship to Child (e.g. mother/father)
	Home phone:		Mobile phone:
	Email address:		
	Occupation/Where Employed		Work Phone
	Caregiver 2:		
	Family Name	First Name	Relationship to Child (e.g. mother/father)
	Home phone:		Mobile phone:
	Email address:		
	Occupation/Where Employed		Work Phone
Name of any other parent not living with child/ren:			
Access? Yes / No – (If <i>no</i> you must supply legal documentation)			

OTHER	Names of everyone who lives at home and their relationship:		
	Emergency contact 1:	Relationship:	Phone No.
	Emergency contact 2:	Relationship:	Phone No.
	Names of other relatives at Pomare School:		

SIBLINGS	Names of pre-schoolers in your family who may attend Pomare School in the future:		Office Use	
	Name:	DOB:		
	Name:	DOB:		
	Name:	DOB:		

The information on this form is collected as part of the essential information the school holds on your child. The information collected will be used by the school for the following purposes: enrolling your child at school, meeting the educational and pastoral needs of your child while at Pomare School, and meeting the Ministry of Education’s data requirements for Roll Returns (which includes the data sharing with Ministry of Social Development) and the national student database (ENROL).

I agree to Pomare School having access to information and records pertaining to my child from previous schools and agencies (if applicable) and that information about my child may be passed on to other schools or relevant agencies.

The records made from this information, and any other information collected while your child is at Pomare School may be viewed on request at the school. Your child’s information will be held at the school for audit purposes for a period of 7 years after your child leaves Pomare School.

The information collected is protected by the Privacy Act. Unless the school has your specific authorisation, it will not be disclosed to any other person or agency unless those seeking the information are entitled to it under the terms of the Act.

Parent / Caregiver Signature: Date:

Fill in this page if you or your child speaks any other Language apart from English

Non English Speaking Background

Ethnicity	Ethnic Group/Child Relates to:		
	Refugee Status: Yes/No <i>If yes – details:</i>	NZ Residency Yes/No Passport/immigration details <i>Passport</i> <i>Visa type</i> <i>Visa number</i> <i>Visa issued</i> <i>Visa expires</i> Copy of child's passport Yes/No Copy of parents passport Yes/No	

Sponsor	Name of Contacts/Sponsors	Phone No.	Address of Contact

Background	Child's Country Of Birth:		
	Date Of Arrival In N.Z.:		
	Time In New Zealand Schools:	Where: Level:	When:
	Time In Overseas Schools:	Where: Level:	When:
	Last School Attended:	ESOL Funding? Yes/No	

Born In:	Mother's country of birth	
	Father's country of birth	

Languages	Home Language/s:		
	Languages the child can speak:		
	Child:	<i>Speaks English</i> Fluently <input type="checkbox"/> A little <input type="checkbox"/> Not at all <input type="checkbox"/> <i>Reads English</i> Fluently <input type="checkbox"/> A little <input type="checkbox"/> Not at all <input type="checkbox"/>	
	Caregiver 1:	<i>Speaks English</i> Fluently <input type="checkbox"/> A little <input type="checkbox"/> Not at all <input type="checkbox"/> <i>Reads English</i> Fluently <input type="checkbox"/> A little <input type="checkbox"/> Not at all <input type="checkbox"/>	
	Caregiver 2:	<i>Speaks English</i> Fluently <input type="checkbox"/> A little <input type="checkbox"/> Not at all <input type="checkbox"/> <i>Reads English</i> Fluently <input type="checkbox"/> A little <input type="checkbox"/> Not at all <input type="checkbox"/>	
	Closest contact who can speak English		
	Name:	Phone:	
	Closest contact who can read English		
	Name:	Phone:	
	Names of other children at Pomare School who can communicate in this child's first language:		
	Room:		
	Room:		