

PARTICULARS FOR ENROLMENT:

DATE OF ADMISSION:/...../.....

PUPIL'S SURNAME:

BOY / GIRL

FIRST NAMES:

DATE OF BIRTH :/...../.....

ADDRESS:

HOME PHONE NO: MOILE PHONE NO:

WHICH ETHNIC GROUP/S DOES THIS CHILD IDENTIFY WITH? *(Please tick)*

NZ Maori Iwi NZ European Pacific Island Asian

Other FIRST LANGUAGE SPOKEN:

COUNTRY OF BIRTH: DATE ARRIVED IN NZ:/...../.....

PRESENT CLASS *(please circle)*

Y1 Y2 Y3 Y4 Y5 Y6

PLACE IN FAMILY: No. of (No 2 of 3 means 2nd eldest of 3 children)

Name/s of any sibling/s currently attending Mt Primary:

PREVIOUS SCHOOL:

ADDRESS OR KINDERGARTEN / PRE-SCHOOL ATTENDED:

HOW LONG HAS THIS CHILD SPENT IN PRE-SCHOOL EDUCATION? years hours per week

FAMILY DOCTOR / MEDICAL CENTRE:

LAST DENTAL CLINIC ATTENDED:

FAMILY DETAILS:

MOTHER / CAREGIVER 1 MOBILE PHONE NO:

ADDRESS: *(if different from above)*

EMAIL ADDRESS: *(Please print clearly)*

OCCUPATION: WORKPLACE: PH:

FATHER / CAREGIVER 2 MOBILE PHONE NO:

ADDRESS: *(if different from above)*

EMAIL ADDRESS: *(Please print clearly)*

OCCUPATION: WORKPLACE: PH:

Living with: *(Please tick)* Both Parents Mother Father Caregiver 1 Caregiver 2

NB: If there is a Custody Order in place relating to this child the school MUST have a copy.

EMERGENCY CONTACT (Other than parent / caregiver over)

NAME: PHONE:

ADDRESS: RELATIONSHIP:

HEALTH DETAILS:

HAS YOUR CHILD BEEN IMMUNISED? (Please circle) YES / NO

PLEASE NOTE ANY HEALTH, EMOTIONAL OR PHYSICAL BEHAVIOUR CONCERNS THE SCHOOL SHOULD KNOW ABOUT:

.....

IS MEDICATION REQUIRED TO BE ADMINISTERED BY STAFF ON OCCASIONS? (i.e. asthma inhalers, allergy medication)

YES / NO If YES please complete a blue Health Record form detailing the medical condition and specific medication instructions.
(Please circle)

NB: In order for our school to provide the best possible support, parents/guardians are required to advise the Principal of their child's HIV/Aids status or of any other blood-borne viral condition, if applicable. You will be involved in determining who needs to know about your child's condition.

GENERAL CONSIDERATIONS:

In enrolling my child/ren at Mount Maunganui Primary School I hereby agree to the following:

1. I authorise a doctor to be called to deal with any medical emergency which might arise involving my child/ren.
2. Should I authorise any medication to be administered to my child during school hours, I undertake not to blame the school or any teacher in the future should this medication lead to negative side effects.
3. With regard to disclosure of my child's HIV/Aids status above, I acknowledge that all staff will be advised of that status and that other persons may have to be advised should the child's class undertake an educational visit outside the school.
4. I accept responsibility to reimburse the school for any wilful damage to school property or equipment caused by my children/ren.
5. I consent to the Principal approaching previous schools and teachers to seek further elaboration on my child/ren's progress if this is considered necessary.
6. I acknowledge the right of the Principal to suspend my child/ren from attending school for gross misconduct and/or continued disobedience. Gross misconduct means continued disobedience that is a harmful and dangerous example to other children.
7. I give permission for my home phone number to be made available to a school group such as the Board of Trustees or parents' group (Fundraisers) where my support or input may be required on school-related matters.

Signed: Parent / Legal Guardian Date:

VISITS TO LOCAL AREAS: At various times through the year, students may walk to visit places of interest in our local area. Effective supervision and due care will be given at all times. Parent/Guardian permission is needed when children leave the school ground. Please sign below to allow your child/ren to visit these points of local interest and/or the lunchtime visits to the beach as an extension of the playground.

Signed: Parent / Legal Guardian Date:

SCHOOL WEBSITE (www.mtprimary.school.nz): The school website is often updated and as a result there are sometimes photos of children and/or their work on the pages. If you do not wish to have your child's photo or work used on our site please advise the school office.

School Office Use Only:

<i>Invoice</i>	<i>Proof of Address Type</i>	<i>Birth Certificate</i>	<i>Imm. Certificate</i>	<i>Cybersafety</i>	<i>Stationery</i>
<i>LincEd</i>	<i>ENROL</i>	<i>White Card</i>	<i>Library</i>	<i>Mail Chimp</i>	