|  |  |  |
| --- | --- | --- |
| **Date received:**      **Intended start date:**       | ***Office use only*** | [ ] **This child is able to be enrolled at Swanson School** |
| **House:**       | [ ] **In-Zone** [ ] **Out-of-zone** |

**STUDENT DETAILS**

|  |  |  |  |
| --- | --- | --- | --- |
| **Legal surname:**      | **Preferred surname:**      | **Birthdate:**      | **Gender:**      |
| **Legal first names:**      | **Preferred first name:**      | **Landline:**      | **Mobile phone:**      |
| **Address:**       | **Cargiver’s email address:**      |
| **What ethnic group/s does your child relate to?**                | **Country of Birth:**       |
| **If not born in New Zealand, do you have:**[ ] **NZ residency?** [ ] **Student Permit?**[ ] **Work permit?** [ ] **Fee paying student?** |
| **Date of entry to New Zealand:**       |
| **IWI/HAPU (if applicable up to 3 Iwi may be recorded**                | **Names of other siblings at Swanson School:**                |
| **Name and birthdates of siblings likely to attend Swanson School in the future:**                | **Place in family:**       **out of:**       |

**PARENT/CAREGIVER CONTACTS**

**Swanson School Enrolment Form**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Title:**       | **Family name:**      | **First name:**      | **Relationship to child:**      | **Occupation:**      |
| **Residential address:**       | **Home phone:**      **Work phone:**      **Mobile:**       | **Email address:**      |
| **Title:**       | **Family name:**      | **First name:**      | **Relationship to child:**      | **Occupation:**      |
| **Residential address:**       | **Home phone:**      **Work phone:**      **Mobile:**       | **Email address:**      |

**EMERGENCY CONTACTS**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Title:**       | **Family name:**      | **First name:**      | **Relationship to child:**      | **Occupation:**      |
| **Residential address:**       | **Home phone:**      **Work phone:**      **Mobile:**       | **Email address:**      |
| **Title:**       | **Family name:**      | **First name:**      | **Relationship to child:**      | **Occupation:**      |
| **Residential address:**       | **Home phone:**      **Work phone:**      **Mobile:**       | **Email address:**      |

**CUSTODY / ACCESS ARRANGEMENTS (attach separate sheet if more space necessary)**

|  |
| --- |
|      **Court order issued?** [ ] yes [ ] no |

**PREVIOUS EDUCATION**

|  |  |  |
| --- | --- | --- |
| **Early Childhood Education****Name of centre:**       | **Previous school** | **Time attended** |
| [ ] **Never attended an early childhood centre**[ ] **Kindy, playcentre, childcare or homebased centre** | [ ] **Pacific Is. early childhood group or playgroup**[ ] **Attended Kohanga Reo**[ ] **Attended early childhood centre but type unknown** |       |       |
|       |       |
|       |       |
|  |  | **Current Class/year level:**      | **No. of schools attended:**      |

**HEALTH**

|  |  |
| --- | --- |
| **Does your child have a problem with any of the following? (if yes please tick, otherwise leave blank)** | [ ]  **Immunisation certificate sighted** [ ]  **Immunisation completed**  |
| [ ] **Frequent coughs and colds**[ ] **Asthma or wheeze**[ ] **Eczema**[ ] **Difficulty with speaking clearly In sentences**[ ] **Wetting pants**[ ] **Soiling pants** | [ ] **Bed wetting**[ ] **Frequent ear infections**[ ] **Hearing problem**[ ] **Eyesight problem**[ ] **Behaviour that worries you**[ ] **Special needs background (E.G. Esol, Ors)** | **Does your child take medicines regularly?** [ ] yes [ ] no**If yes, what medicine?**      |
| **Is your child allergic to anything?** [ ] yes [ ] no**If yes, what are they allergic to?**      |
| **I give permission for appropriate data to be shared with the following agencies:**[ ] **Public Health Nurse** [ ] **Specialist Education Services**[ ] **Resource Teacher Learning and Behaviour (RTLB)**[ ] **School-wide in-house issues i.e. PTA contacting parents by phone regarding working bees, Policy Development etc**[ ] **Oranga Tamariki (Previously Child Youth and Family)** |
| **Our family doctor is:**      **Phone No:**       **Address:**       |
| **Additional Information You Feel the School May Require (Learning and Behaviour, Special Needs):**      |

**Swanson School Enrolment Form**

#### Signed:       Relationship to Child:       Date:

**Privacy Act**

In terms of the privacy act, I understand that the information on this form is collected to form part of the essential information the schools 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. Under the terms of the privacy act the school must seek information from parents/caregivers to share information with appropriate school itinerant specialists. Parents/caregivers will still be fully informed on issues relevant to their children and no action will be taken without prior consultation but it will mean that the school may share school collected data, such as home numbers and addresses with, for example, the dental clinic, public health nurse and guidance teachers. This information has traditionally been shared without consultation before the privacy act came into operation.

I understand that the school will take action on my behalf in case of sudden illness or injury, and i agree to abide by school policies.

**Signed (Parent/Guardian):       Date:**

***For office use only***

|  |  |  |  |
| --- | --- | --- | --- |
| **BIRTHDATE VERIFIED:** | [ ] yes  | **ADMISSION NUMBER:** |  |
| **SCHOOL INFORMATION PACK ISSUED:** | [ ] yes  | **DATA ENTERED ON SCHOOL RECORDS:** |  |
| **NEW CLASS:** |  | **DATA ENTERED ON ENROL:** |  |
| **ROOM NUMBER:** |  | **DATE OF ENTRY:** |  |
| **SCHOOL FEES PAID:** | [ ] yes  | **MANUAL FEES PAID (Y7/8 ONLY):** | [ ] yes  |