



Swanson School Enrolment Form

Date Received: Intended Start Date:	Office use only <input type="checkbox"/> This child is able to be enrolled at Swanson School
House:	<input type="checkbox"/> In-Zone <input type="checkbox"/> 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:	
		<input type="checkbox"/> NZ residency?	<input type="checkbox"/> Student Permit?
		<input type="checkbox"/> Work permit?	<input type="checkbox"/> Fee paying student?
IWI/HAPU (if applicable up to 3 Iwi may be recorded)		Date of Entry to New Zealand:	
		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

Title:	Family Name:	First Name:	Relationship to child:	Occupation
Residential Address:		Home Phone:		Email address:
		Work Phone:		
		Mobile:		
Title:	Family Name:	First Name:	Relationship to child:	Occupation
Residential Address:		Home Phone:		Email address:
		Work Phone:		
		Mobile:		

EMERGENCY CONTACTS

Title:	Family Name:	First Name:	Relationship to child:	Occupation
Residential Address:		Home Phone:		Email address:
		Work Phone:		
		Mobile:		
Title:	Family Name:	First Name:	Relationship to child:	Occupation
Residential Address:		Home Phone:		Email address:
		Work Phone:		
		Mobile:		

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

COURT ORDER ISSUED? <input type="checkbox"/> yes <input type="checkbox"/> no
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PREVIOUS EDUCATION

Early Childhood Education	Previous School	Time attended
Name of centre:		
<input type="checkbox"/> Never attended an early childhood centre <input type="checkbox"/> Kindy, playcentre, childcare or homebased centre <input type="checkbox"/> Pacific Is. early childhood group or playgroup <input type="checkbox"/> Attended Kohanga Reo <input type="checkbox"/> Attended early childhood centre but type unknown		
	Current Class / year level:	No. of schools attended:



HEALTH

Swanson School Enrolment Form

<p>Does Your Child Have A Problem With Any Of The Following? (If Yes Please Tick, otherwise leave blank)</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; border: none; vertical-align: top;"> <input type="checkbox"/> Frequent Coughs and Colds <input type="checkbox"/> Asthma or Wheeze <input type="checkbox"/> Eczema <input type="checkbox"/> Difficulty with Speaking Clearly In Sentences <input type="checkbox"/> Wetting Pants <input type="checkbox"/> Soiling Pants </td> <td style="width: 50%; border: none; vertical-align: top;"> <input type="checkbox"/> Bed Wetting <input type="checkbox"/> Frequent Ear Infections <input type="checkbox"/> Hearing Problem <input type="checkbox"/> Eyesight Problem <input type="checkbox"/> Behaviour That Worries You <input type="checkbox"/> Special Needs Background (E.G. Esol, Ors) </td> </tr> </table>	<input type="checkbox"/> Frequent Coughs and Colds <input type="checkbox"/> Asthma or Wheeze <input type="checkbox"/> Eczema <input type="checkbox"/> Difficulty with Speaking Clearly In Sentences <input type="checkbox"/> Wetting Pants <input type="checkbox"/> Soiling Pants	<input type="checkbox"/> Bed Wetting <input type="checkbox"/> Frequent Ear Infections <input type="checkbox"/> Hearing Problem <input type="checkbox"/> Eyesight Problem <input type="checkbox"/> Behaviour That Worries You <input type="checkbox"/> Special Needs Background (E.G. Esol, Ors)	<input type="checkbox"/> Immunisation Certificate Sighted <input type="checkbox"/> Immunisation Completed <hr/> <p>Does Your Child Take Medicines Regularly? If Yes, What Medicine?</p> <hr/> <p>Is Your Child Allergic to Anything? If Yes, What Are They Allergic To?</p>
<input type="checkbox"/> Frequent Coughs and Colds <input type="checkbox"/> Asthma or Wheeze <input type="checkbox"/> Eczema <input type="checkbox"/> Difficulty with Speaking Clearly In Sentences <input type="checkbox"/> Wetting Pants <input type="checkbox"/> Soiling Pants	<input type="checkbox"/> Bed Wetting <input type="checkbox"/> Frequent Ear Infections <input type="checkbox"/> Hearing Problem <input type="checkbox"/> Eyesight Problem <input type="checkbox"/> Behaviour That Worries You <input type="checkbox"/> Special Needs Background (E.G. Esol, Ors)		
<p>I give permission for appropriate data to be shared with the following agencies:</p> <input type="checkbox"/> Public Health Nurse <input type="checkbox"/> Specialist Education Services <input type="checkbox"/> Resource Teacher Learning and Behaviour (RTLb) <input type="checkbox"/> School-wide in-house issues i.e. PTA contacting parents by phone regarding working bees, Policy Development etc <input type="checkbox"/> Oranga Tamariki (Previously Child Youth and Family)			
<p>Our family doctor is: Phone No: _____ Address: _____</p>			
<p>Additional Information You Feel the School May Require (Learning and Behaviour, Special Needs):</p>			

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:		ADMISSION NUMBER:	
SCHOOL INFORMATION PACK ISSUED:		DATA ENTERED ON SCHOOL RECORDS:	
NEW CLASS:		DATA ENTERED ON ENROL:	
ROOM NUMBER:		DATE OF ENTRY:	
SCHOOL FEES PAID:		MANUAL FEES PAID (Y7/8 ONLY):	