



HURUPAKI PRIMARY SCHOOL
APPLICATION FOR ENROLMENT



STUDENT INFORMATION

SURNAME OF STUDENT: _____
(Please provide a birth certificate ONLY. If not NZ citizen, child's and parent's passport.)

FIRST NAMES OF STUDENT: _____

PREFERRED FIRST NAME: _____

ADDRESS: _____
(Please provide TWO verified documents, e.g., utility bill, tenancy agreement. Mobile phone accounts not accepted.)

CONTACT EMAIL ADDRESS: _____

STUDENT LIVING WITH: MOTHER / FATHER / OTHER *(please specify)* _____

DATE OF BIRTH: _____ **COUNTRY OF BIRTH:** _____

ETHNIC GROUP: _____ **GENDER:** MALE / FEMALE *(please circle)*

IWI (if Maori): _____

LANGUAGE(S) SPOKEN AT HOME: _____

NATIONALITY: _____ **DATE OF ENTRY TO NEW ZEALAND (if applicable)** _____

HOW MANY YEARS HAS YOUR CHILD SPENT IN NZ SCHOOLS? _____

PLEASE LIST PRE SCHOOL / EARLY CHILDHOOD EDUCATION: (only for New Entrant/Year 1 admissions)

	<i>NAME OF CENTRE</i>	<i>APPROX HOURS PER WEEK</i>	<i>YEARS/MONTHS</i>
Kohanga Reo			
Kindergarten			
Playcentre			
Home-based service			
Playgroup			
Other			

FOR STUDENTS TRANSFERRING FROM ANOTHER NEW ZEALAND SCHOOL (if applicable)

NAME OF PREVIOUS PRIMARY SCHOOL:

PREVIOUS YEAR LEVEL: _____

MEDICAL INFORMATION

NAME OF DOCTOR: _____ PHONE NUMBER: _____

ADDRESS OF DOCTOR / MEDICAL CENTRE: _____

Please tick the boxes below if your child suffers from any of the following medical conditions (allergies, disabilities, special conditions):

Asthma

Diabetes

Epilepsy

Bee/Wasp Stings

Food Allergies

Migraines

Other

DETAIL MEDICAL CONDITIONS:

IMMUNISED? YES / NO

IMMUNISATION CERTIFICATE ATTACHED: YES / NO

FOR THOSE STUDENTS WHO HAVE A MEDICAL CONDITION AND REQUIRE REGULAR MEDICATION, IT IS ADVISABLE TO LEAVE A SUPPLY OF THEIR MEDICATION WITH THE SCHOOL, ACCOMPANIED BY A MEDICAL AUTHORISATION FORM (available from office). ASTHMATICS MUST CARRY THEIR OWN MEDICATION.

DOES THE STUDENT HAVE A PHYSICAL CONDITION THAT MIGHT AFFECT CLASSROOM LEARNING, E.G., HEARING LOSS, NEED FOR GLASSES, MOTOR SKILLS LOSS? YES / NO

IF YES, PLEASE EXPLAIN: _____

STUDENT LEARNING INFORMATION

LEARNING AND BEHAVIOUR NEEDS: _____

SPECIAL NEEDS (BACKGROUND/FUNDING), E.G., ESOL, ORRS: _____

HAS YOUR CHILD EVER BEEN STOOD DOWN OR EXCLUDED FROM ANOTHER SCHOOL? YES / NO

HAS YOUR CHILD EVER BEEN REFERRED TO GROUP SPECIAL EDUCATION (GSE) OR A RESOURCE TEACHER FOR LEARNING & BEHAVIOUR (RTLb)? YES / NO

IS THERE ANY OTHER INFORMATION YOU WOULD LIKE US TO KNOW ABOUT YOUR CHILD? _____

SIBLING INFORMATION

NAMES OF FAMILY MEMBERS ATTENDING THIS SCHOOL: _____

NAMES OF OTHER FAMILY MEMBERS LIKELY TO ATTEND THIS SCHOOL:

Child's Name: _____ D.O.B. _____

Child's Name: _____ D.O.B. _____

PARENT / CAREGIVER INFORMATION

MOTHER

NAME OF MOTHER: _____ OCCUPATION: _____ COUNTRY OF BIRTH: _____

PHYSICAL ADDRESS: _____

POSTAL ADDRESS: _____
(if different from the physical address)

HOME PHONE: _____ WK PH/PLACE: _____ MOBILE PHONE: _____

FATHER

NAME OF FATHER: _____ OCCUPATION: _____ COUNTRY OF BIRTH: _____

PHYSICAL ADDRESS: _____

POSTAL ADDRESS: _____
(if different from the physical address)

HOME PHONE: _____ WK PH/PLACE: _____ MOBILE PHONE: _____

IF STUDENT IS LIVING WITH SOMEONE OTHER THAN A PARENT

NAME OF CAREGIVER: _____ COUNTRY OF BIRTH _____

RELATIONSHIP TO CHILD: _____

PHYSICAL ADDRESS: _____

POSTAL ADDRESS: _____
If different from the physical address

HOME PHONE: _____ WORK PHONE: _____ MOBILE PHONE: _____

EMAIL ADDRESS: _____

ANY CUSTODY/ACCESS ARRANGEMENTS FOR THE SCHOOL TO BE AWARE OF

NOTIFICATION OF ANY CUSTODY/ACCESS ARRANGEMENTS: (please attach copies of any relevant court papers)

EVIDENCE OF LEGAL CUSTODY IF THE STUDENT IS NOT RESIDING WITH A PARENT

COURT ORDER ISSUED: YES / NO

EMERGENCY CONTACTS

(only in cases of serious illness or accident and if parent/caregiver cannot be contacted)

NAME	RELATIONSHIP	HOME PHONE	WORK PHONE	MOBILE PHONE

PARENT/CAREGIVER DECLARATION (to be read and signed)

I wish to enrol my son/daughter at Hurupaki Primary School and acknowledge the educational philosophy outlined in the school's Information Pack.

- I confirm the information in this form is true and correct. I understand that the information provided may be used for school and Board activities, and can be passed to other agencies that work with the school for educational purposes.
- I understand my child's educational records may be requested from previous schools, and passed on to subsequent schools.
- I understand the school provides a range of support services, and that I may access these services if my child requires.
- I will support Hurupaki Primary School in all aspects of its Behaviour Code.
- I understand that if my child is ill, he/she will be kept at home and I will inform the school of his/her absence.
- I have read the Cybersafety Acceptable Use Policy and explained it to my child and we understand the policy and agree to abide by it.

I GIVE MY CONSENT FOR:

- My child to have his/her photograph and name used in both electronic and printed school and community publications (e.g., school website, newsletter and local paper).
- My child to participate in supervised school trips/activities. I understand that such trips if considered low risk may take place without notification being sent home.
- The school, in cases of serious illness, emergency or accident when I cannot be contacted, to arrange for my child to be taken to Emergency/Medical Services. I agree to meet any costs incurred for the treatment and/or transport of my child to medical attention.

PARENT/CAREGIVER NAME: _____

SIGNATURE: _____ **DATE:** _____

STATUTORY DECLARATION – Residential information

I declare that all information regarding the residential status of my child pertaining to the enrolment zone is accurate. I agree that if I plan to or move out of zone, I will notify the school. I understand that if my child moves out of zone I will forfeit the child's enrolment at Hurupaki School and the child will have to leave (unless special dispensation is agreed with the principal and Board of Trustees). I have attached TWO documents as proof of address. **(Power or phone/ and tenancy agreement or sales and purchase agreement only.)**

Full name and signature: _____ YES / NO (please circle)
Date: _____

PARENT/CAREGIVER CHECKLIST (enrolment form and attachments)

SCHOOL ENROLMENT FORM COMPLETED AND SIGNED
COPY OF PREVIOUS SCHOOL REPORT (if applicable)
TWO VERIFICATION DOCUMENTS FOR PHYSICAL ADDRESS

COPY OF BIRTH CERTIFICATE/PASSPORT
COPY OF IMMUNISATION CERTIFICATE

THIS SECTION IS FOR HURUPAKI PRIMARY SCHOOL STAFF TO COMPLETE

ENROLMENT NO: _____ **ENROLMENT START DATE:** _____ **NSN:** _____

YEAR LEVEL: _____ **ROOM:** _____

PHOTOCOPY EVIDENCE FOR: a) BIRTH CERTIFICATE / PASSPORT b) EVIDENCE OF ADDRESS c) IMMUNISATION CERTIFICATE

ENROLMENT INFORMATION RECHECKED PRIOR TO STUDENT STARTING: **SIGN:** _____ **DATE:** _____