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| **STUDENT DETAILS** | | | | | | | | **ADMISSION NO: NSN:** | | | | | | |
| LEGAL SURNAME: | | | | | | **PREFERRED SURNAME:** | | | BOY / GIRL | | | **BIRTHDATE**: / / | | |
| **LEGAL FIRST NAME/S:** | | | | | | **PREFERRED FIRST NAME:** | | | PREVIOUS SCHOOL | | | | | |
| PLACE IN FAMILY of  AT SCHOOL: | | | Name of Eldest *Child at this School:* | | | | | | CURRENT  YEAR LEVEL ROOM | | | | | |
| ADDRESS: | | | | | | | | | **ETHNIC GROUP CHILD RELATES TO:** 1st2nd3rd | | | | | |
| POST CODE | | | | | | | NZ RESIDENCE? YES / NO | |
| COUNTRY OF BIRTH |  | | | | DATE OF ENTRY TO NZ: | |  | | FIRST  LANGUAGE | |  | | | |
|  | | | | |  | | | | **IWI / HAPU** 1st2nd3rd | | | | | |
| Computer at home? Yes / No  Internet at home? Yes / No | | | | |  | | | |
| PARENT/CAREGIVER DETAILS | | | | | | | | | | | | | | |
| TITLE FIRST NAME: SURNAME: RELATIONSHIP TO CHILD : | | | | | | | | | | COUNTRY  OF  BIRTH | | |  | |
| RESIDENTIAL ADDRESS: POST CODE | | | | | | | | | | CONTACT  PHONE  NUMBERS | | |  | |
| EMAIL: | | | | | | | | | | OCCUPATION: | | | | |
| TITLE FIRST NAME: SURNAME: RELATIONSHIP TO CHILD | | | | | | | | | | COUNTRY  OF  BIRTH | | |  | |
| RESIDENTIAL ADDRESS: POST CODE | | | | | | | | | | CONTACT  PHONE  NUMBERS | | |  | |
| EMAIL: | | | | | | | | | | OCCUPATION: | | | | |
| EMERGENCY  CONTACT  NAMES: | | 1ST: | | | | | | | | Contact Phone: | | | | |
| 2nd: | | | | | | | | Contact Phone: | | | | |
| DOCTOR: PHONE: | | | | | | | | | | DENTAL CLINIC: | | | | |
| NAMES OF LEGAL GUARDIAN/S: | | | | | | | | | | | | | | |
| CHILD LIVES WITH: *(tick one)* 🞎 Both Parents 🞎 Mother 🞎 Father 🞎 Caregiver 1 🞎Caregiver 2 | | | | | | | | | | | | | | |
| ENROLMENT REQUIREMENTS Ministry of Education requires us to hold a copy of NZ Birth Certificate or passport showing residency status. We are also required to hold a copy of every student’s Immunisation Certificate under Health Regulations 1995. | | | | | | | | | | | | | | |
| I give permission for the school to take action on my behalf in case of sudden illness or injury, and I agree to abide by school policies.  I give permission for the school to administer paracetamol if my child becomes ill.  I give permission for my child to visit local facilities in walking distance when required by the school.  Health and Safety - on occasions, accidents happen with children while at school in and out of classrooms, on the playground, climbing trees etc when children are playing and exploring. I acknowledge that Randwick School will take all reasonable measures to keep my child/ren safe but cannot be held responsible for injuries caused during play.  By signing this form I acknowledge that I will be prepared to make payment to the school for specific school activities when required, such as sports fees, technology etc. and understand that my child may not be able to take part in these activities unless I have made payment, or made arrangements with the school office/Principal regarding payment. SIGNED:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DATE:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | | | | | |
| **HEALTH** *(attach separate sheet if more space required)*  ALLERGIES: | | | | SIGHT: | | | | CUSTODY/ACCESS ARRANGEMENTS *attach separate sheet if more space required)* | | | | | |
| MEDICATION: | | | | SPEECH: | | | |  | | | | | |
|  | | | | | |
| SERIOUS PROBLEMS: | | | | HEARING: | | | | COURT ORDER ISSUED? YES / NO / N.A. | | | | | |

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| OTHER DETAILS LEARNING & BEHAVIOUR NEEDS: | | |
| SPECIAL NEEDS (BACKGROUND/FUNDING): eg ESOL, ORS | | |
| NAMES OF MEMBERS OF FAMILY  LIKELY TO BE ATTENDING THIS SCHOOL  IN THE FUTURE | 1. | BIRTHDATE / / |
| 2. | BIRTHDATE / / |
| 3. | BIRTHDATE / / |

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| NEW ENTRANT INFORMATION REQUIRED EARLY CHILDHOOD EDUCATION | | | |
| ***Did the child attend one or more Early childhood Education service(s) in the six months prior to starting school?*** *Please complete the table below for the last service(s) attended.*  *Instructions:*   1. *If the child was attending more than one service at the same, please enter hours per week for up to three services.* 2. *If the child attended one service, but changed to a different service within the six months prior to starting school, please complete the table for the last service only, not both.* 3. *If the child’s attendance hours varied, or the parent/caregiver is uncertain, please enter an approximate or average number of hours per week.* | | | |
| PLEASE ENTER THE NUMBERS OF HOURS PER WEEK FOR UP TO THREE SERVICES | SERVICE 1  (hrs/week) | SERVICE 2  (hrs/week) | SERVICE 3  (hrs/week) |
| 1. KŌHANGA REO |  |  |  |
| 1. PLAYCENTRE |  |  |  |
| 1. KINDERGARTEN OR EDUCATION AND CARE CENTRE |  |  |  |
| 1. HOME BASED SERVICE |  |  |  |
| 1. PLAYGROUP |  |  |  |
| 1. THE CORRESPONDENCE SCHOOL – TE AHO O TE KURA POUNAMU |  |  |  |
| *OR PLEASE TICK THE APPROPRIATE COLUMN* | | | |
| ATTENDED, BUT ONLY OUTSIDE NEW ZEALAND | | |  |
| ATTENDED, BUT DON’T KNOW WHAT TYPE OF SERVICE | | |  |
| DID NOT ATTEND | | |  |
| UNABLE TO ESTABLISH IF ATTENDED OR NOT | | |  |
| DID THE CHILD REGULARLY ATTEND EARLY CHILDHOOD EDUCATION? | | | |
| *‘Regularly attend’ means the child was booked in to a service for sessions each week/fortnight, and generally went to those sessions unless they were sick, or on holiday, or had a family occasion, etc.* | | | |
| *Please tick* | | | |
| YES, FOR THE LAST ……….. YEAR(S) | | |  |
| NOT REGULARLY, ONLY OCCASIONALLY WITH NO ON-GOING SCHEDULE | | |  |
| NO, DID NOT ATTEND ECE | | |  |

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| ***Office Use Only:***  **Year: Room:** | | **DATE STARTED:** | **TEACHER:** |
| * Birth Certificate photocopied * Passport permits, etc. photocopied * Medical Form issued * Dental Form issued * Prospectus Issued * Stationery List issued * Immunisation Records photocopied * Internet Safety Agreements signed * Skool Loop Instructions issues | * Enter details in eTAP * Enter Details in ENROL – Check for any notes indicated by previous school * Change details when ENROL confirmed * Profile forms to Teacher * Hard copy eTAP Folder * Photocopy for Dental Nurse / ELL * Iwi Affiliations * Previous School records requested * House Group assigned * SeeSaw | | ***\*\*ENSURE COPY OF BIRTH CERTIFICATE IS PRODUCED***  ***OR ALTERNATIVELY***  ***\*\* PASSPORT SHOWING RESIDENCY OR STUDENT VISA(STICKER OR STAMP)*** |