



Ascot Community School

School Enrolment Form

Student Details		
Surname	First name(s)	Preferred name:
Residential Address:	Home phone	Date of Birth
	Male/Female	Year level NE 1 2 3 4 5 6 7 8
Postcode	Email address (Mother)	
Proof of address sighted <input type="checkbox"/>	Email address (Father)	
Date started school	Dental Clinic Enrolled: Yes/No	Name of Clinic:
Pre School details		
First Contacts eg: Mother/ Father/ Guardian		
Full name: _____	Full name: _____	
Relationship to child: _____	Relationship to child: _____	
Home Phone: _____	Home Phone: _____	
Mobile Phone: _____	Mobile Phone: _____	
Work Phone: _____	Work Phone: _____	
Occupation: _____	Occupation: _____	
Alternative Emergency Contacts eg: Relative/Friend/Neighbour		
Full name: _____	Full name: _____	
Relationship to child: _____	Relationship to child: _____	
Home Phone: _____	Home Phone: _____	
Mobile Phone: _____	Mobile Phone: _____	
Work Phone: _____	Work Phone: _____	
School Details	Future Attendees	
Previous School: _____	Name: _____	DOB: ___/___/___ M/F
Duration attended: _____	Name: _____	DOB: ___/___/___ M/F
Previous Teacher: _____	Name: _____	DOB: ___/___/___ M/F
Ethnicity	Students new to New Zealand	
Country of Birth: _____	Date of entry into NZ: _____	
Circle applicable	Country of Birth: _____	
NZ European Cook Is.	Immigration documents/permits: _____	
Tongan Fijian	Expiry date: _____	
Indian Chinese	Spoken language at home: _____	
NZ Maori Samoan		
Other (please specify) _____		
Iwi: _____		
Are there any special abilities/needs/issues the School should be aware of concerning your child?		
Medical		
Doctors name:	Does your child have any allergies, medication requirements, etc	
Address:	Please circle applicable	
Phone number:	Asthma	Inhaler Diabetes Bee sting allergy

Other information

Does your child have any special interest or hobbies
E.g. Sports, Drama, etc

Permission and consent details**Permission for School Trips or Medical Treatment**

"My child may accompany staff and parents of the School on various excursions under proper supervision (both in small and large groups as part of his/her school experience), ie. Camps, Social Studies/Trips and sporting visits to other Schools such as Cricket, Netball, Rugby and Cross-Country.

In the event of sickness or any other infectious illness, my child will not attend the School and in the case of an accident/illness at the School if I cannot be contacted, I authorise Staff to seek medical attention for my child as required and will meet any expenses incurred.

I agree to any emergency medical treatment that may be deemed necessary for my child while he/she is at the School."

Confidentiality

This information is requested by the School in order to communicate with parents and caregivers, to maintain the safety of the pupil, in order to meet the statutory requirements of the Ministry of Education. Information is held securely and used for the purpose of education only.

Promotions – Photographs

I give permission for photographs (either still or moving) to be taken of my child, which may be used for promotional purposes, by the school. I will not seek compensation for this.

Circle applicable
Yes/No

Bible in Schools

Yes/No

Parent Support Group

Permission for fundraisers to come home

Yes/No

Dental Clinic

For dental purposes, are you prepared for the Dental Therapist to have access to this information?

Yes/No

The information on this form is collected and used by the School in educating your child, and for associated School activities. It is available to all staff of the School and to members of the Board of Trustees. Please advise the School if you have any concerns about any of the information within the School.

Parent Signature: _____ Parent Signature: _____

Date: __/__/____

OFFICE USE ONLY

Class _____ Room _____ Teacher _____

Enrolment no. _____ Entered in School Records _____

DOB verified _____/_____/_____