

Ascot Community School Student Enrolment Form



STUDENT DETAILS

Legal Surname:	Legal First Name/s:
Preferred Surname:	Preferred First Name
Gender: Male <input type="checkbox"/> Female <input type="checkbox"/>	Date of Birth:
Country of Birth:	Previous School:
Home Language:	Current Year Level:
Residency/Citizenship: Yes / No	Zone: In / Out / Sibling
Date of NZ Entry:	Student Visa #:
Ethnicity 1 (for reporting purposes):	Name of sibling currently at this school:
Ethnicity 2 (for reporting purposes):	Name of sibling likely to attend in future:
Iwi/Hapu 1:	Iwi/Hapu 2:
Date of birth: / /	Gender: M / F

PARENTS / CAREGIVERS DETAILS

Caregiver 1 Legal Guardian: <input type="checkbox"/> Bill Payer: <input type="checkbox"/> Custody: <input type="checkbox"/> Restricted Access: <input type="checkbox"/> Early Notification: <input type="checkbox"/> (e-mail address required)			
Mr/Mrs/Miss/Ms	First Name:	Surname:	Relationship to student:
Address:			Country of birth:
Postcode:		Student's Place of Residence: <input type="checkbox"/>	
Home Ph:	Mobile:	E-mail:	
Workplace:	Occupation:	Work Ph:	
Caregiver 2 Legal Guardian: <input type="checkbox"/> Bill Payer: <input type="checkbox"/> Custody: <input type="checkbox"/> Restricted Access: <input type="checkbox"/> Early Notification: <input type="checkbox"/> (e-mail address required)			
Mr/Mrs/Miss/Ms	First Name:	Surname:	Relationship to student:
Address:			Country of birth:
Home Ph:	Mobile:	E-mail:	
Workplace:	Occupation:	Work Ph:	

Emergency Contacts (other than parents/caregivers – 2 required please)

Name 1	Relationship to student:	Hm Ph:	Wk Ph:
Name 1	Relationship to student:	Hm Ph:	Wk Ph:

MEDICAL

New entrants: Has your child had a B4School Check? Y / N	Is your child fully immunized? Y / N Copy of certificate to be supplied
Does your child have any of the following health concerns?	Permission for Panadol to be administered Y / N
Asthma Y / N Inhaler Y / N	Vision problems Y / N
Allergies Y / N Details:	Hearing problems Y / N
Serious health conditions Y / N	Details:
Currently on medication Y / N (consent form for in-school administering required)	Dental Clinic:
I consent to my child's vision and hearing to be tested: Y / N	Attach further information as required

EARLY CHILDHOOD EDUCATION – New Entrants only

Was ECE regularly attended? <input type="checkbox"/> Yes, for the past _____ year/s <input type="checkbox"/> Did not attend any type of Early Childhood Centre
<input type="checkbox"/> Kohanga Reo <input type="checkbox"/> Kindergarten <input type="checkbox"/> Play Centre <input type="checkbox"/> Home based service
<input type="checkbox"/> Playgroup or Pacific island EC group <input type="checkbox"/> Other (please state):

HEALTH REQUIREMENTS

<input type="checkbox"/> Vegetarian	<input type="checkbox"/> Halal
<input type="checkbox"/> Special dietary requirements:	<input type="checkbox"/> Other/ Allergies (please state):

PERMISSION AND CONSENTS TO PARTICIPATE				
Please read the information below and circle either Yes or No beside each to indicate whether or not you give permission or consent to participate:				Permission given
Education Outside the Classroom (EOTC) Throughout each school year, Ascot Community School students will be involved in a variety of activities which come under the category of Education Outside the Classroom. These include supervised class trips and visits, cultural events, sports trips and class camps. Some of these events will involve transport by bus or minivan.				Yes / No
Photographs / Videos Students at times use video and digital cameras as part of their learning. Your child's photo/video may be on one of these formats and may be seen by others. It may also be used on our school website, Facebook page and/or in school promotional material. Photo - No name <input type="checkbox"/> First name only <input type="checkbox"/>				Yes / No
Sudden Injury/Illness In the event of sickness or other infectious illness, my child will not attend school. In the case of an accident or illness at the school, if I cannot be contacted, I authorise the school staff to seek medical attention as required. I agree to any emergency treatment that may be deemed necessary for my child while he/she is at school.				Yes / No
Community Health / Dental Therapy I authorize my child to be assessed and treated by Community Health providers, or School Dental therapists.				Yes / No
Parent Support Group At times, items may be brought home as fund-raising promotions for the school run by the Parent Support Group.				Yes / No
In-Zone Enrolments I confirm that the address which I have provided to the school will be the usual place of residence of my child when the school is open for instruction. I will advise the school of any subsequent change of address.				Yes / No
<p>Privacy Statement: The information collected will be used by the school for enrolment, and forms an essential part of the information held by the school about your child. The records made from this information may be viewed upon request from the school. The information collected may be disclosed to appropriate education, health and welfare agencies or authorities, and for data-gathering purposes by the NZ Ministry of Education, in accordance with the Privacy Act. It will not be disclosed to any other person or agency unless such disclosure is authorized by law.</p> <p>Parent approvals: I agree that the school will take action on my behalf in the case of sudden illness or injury, to abide by the school's policies and procedures, that my child's work and image may be used in accordance with the school's online publishing policy/procedures and that the school may forward my child's and address to a potential secondary school.</p>				
Parent/Caregiver Signature: _____				Date: _____
OFFICE USE ONLY				
Date of birth verification: <input type="checkbox"/> Birth certificate number : _____ or <input type="checkbox"/> Passport number: _____				
Received copies: Birth Certificate <input type="checkbox"/> Address verification <input type="checkbox"/> Immunisation certificate <input type="checkbox"/> Student Visa <input type="checkbox"/> Expiry date: _____				
NSN:	Date of Entry:	Year level:	Room:	School admission #:
Teacher:		School House:		