



Wairakei Primary School **Enrolment Form**

Administration use only

D.o.B Verified

Year/Room

NSN

Entry Date

Zoning Status

How did you hear about us? (please select applicable)

Press Website Event Newsletter

Word-of-Mouth Brochure Family

Other

Step One

Student Details

Name

Surname First

Gender D.o.B Place in Family

Ethnicity Nga Iwi

Home Language Nga Iwi

NZ Residency/Work Permit

Address

Phone Home

Phone Work

Mobile

Previous

Pre-School School

Dental

Name D.o.B

Name D.o.B

Name D.o.B

Family likely to attend this school in future:

Step Two

Parent/Guardian/Legal Guardian(s)

Name

Surname First Name

Phone Home Phone Work Mobile

email

Name

Surname First Name

Phone Home Phone Work Mobile

email

Emergency Contact

Name Phone

Name Phone

Custody Arrangements

Access Restrictions (Attach copy of Court Order and separate sheet if more space required)

Step Three

Medical/Health: (attach separate sheet if more space required)

Doctor

Name

If enrolling children with a blood-borne virus please speak confidentially to the Principal and read the Medical Practice Policy.

Allergies
Please indicate any dairy intolerance/allergy

Sight

Hearing

Please indicate any additional services your child has received

Reading Recovery

Speech

Teacher Aide support

Special Ed.

RTLB

Medication

Other

* I have provided a copy of my child's birth certificate

* I have provided a copy of my child's immunisation certificate

Step Four

Disclaimers/Consent

By initialling you agree you have read, accepted and understood all descriptors and explanations provided in the included information booklet. They are also on Wairakei Primary School website www.wairakeitaupo.school.nz

Please initial relevant box you consent to

* that the staff of Wairakei Primary School can administer medication, which I have provided for my child if needed

* that the staff and Board of Trustees of Wairakei Primary School are under no liability in respect of administering any medication to my child

* permission is granted for first name, photograph or work to be published in school approved publications

* permission is granted for my child to participate in the **Fonterra Milk for Schools Programme**.

* I understand and accept the **'Responsible Use Agreement'** for **facilities, transport, bus travel and personal devices**

* I would appreciate receiving a **KidsCan jacket**. I understand the jacket remains the property of the school and I agree to return it

Step Five

Parent/Guardian/Legal Guardian(s) Signature

Please sign and date

In terms of the Privacy Act, I understand that the information on this form is collected to form part of the essential information the school holds on my child. The records made from this information may be viewed on request at the school. I approve the forwarding on of information to any school education and health support agency as required. 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. I give my permission for the Public Health Nurse to attend to my child should a medical issue arise.

Signature

Date