



New Entrant Enrolment Form

- Birth certificate or passport
 Dental enrolment (if not already enrolled)
 Annex – Prior participation in Early Childhood Education
- Immunisation certificate or Plunket Book
 Annex to school application

STUDENT'S FULL NAME:

Family Name / Surname _____ First / given names _____
Preferred First Name _____

GENDER: MALE FEMALE **DATE OF BIRTH:** ____ / ____ / ____

STUDENTS ADDRESS: _____
_____ Postal Code: _____

SIBLINGS: Place in family ____ of ____
Name of eldest child at this school _____
Other siblings likely to attend: _____ DOB _____
_____ DOB _____

CAREGIVER 1 : Mother / _____ Name _____ Mrs/Ms/Miss/Mr
Address _____ Post Code _____
Home phone _____ Cell _____ Email _____
Occupation _____ Work place _____ Work phone _____

CAREGIVER 2 : Father / _____ Name _____ Mrs/Ms/Miss/Mr
Address _____ Post Code _____
Home phone _____ Cell _____ Email _____
Occupation _____ Work place _____ Work phone _____

EMERGENCY CONTACT 1: Name _____ Mr/Mrs/Ms/Miss
Home phone _____ Work phone _____ Cell _____
Address _____
Relationship to student _____ e.g. grandparent/neighbour/friend

EMERGENCY CONTACT 2: Name _____ Mr/Mrs/Ms/Miss
Home phone _____ Work phone _____ Cell _____
Address _____
Relationship to student _____ e.g. grandparent/neighbour/friend

Previous School _____ Previous Dental Clinic: _____

Name(s) of legal guardians _____ Court Order issued? Yes / No / NA
Custody / Access arrangements _____

Ministry of Education details :

Previous Special Education support _____
Language spoken at home English / _____

Ethnic Group:

Country of origin NZ / _____ Language English / _____ (cross out one)

Date of entry to NZ: _____ NZ Residency? Yes / No

Ethnicity: (Cultural identification with a particular ethnic group. If applicable up to three may be noted)

NZ European / NZ Maori /

Other _____

Iwi 1 _____ Iwi 2 _____ Iwi 3 _____

(Mother/Father – delete one)

(Mother/Father – delete one)

(Mother/Father – delete one)

Medical details : (List any medical problems and information the school should be aware of)

Allergies: _____ Medication: _____

Sight : _____ Hearing: _____

Speech: _____ Other: _____

Doctor _____ Phone _____

Immunisation Cert shown: _____ Complete: _____

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 Yes / No

Scripture lessons (Year 1-4) : Yes / No

Transport: Car Cycle Walk (Please circle)

Please list your child's hobbies, interests, sports and or clubs:

Any other information the school should be aware of:

The following will give permission for your child to attend all trips and excursions UNLESS you notify us otherwise. This will include routine trips such as visits to local libraries, sports representation, community walks, Museum and Marae visits, Science Alive, etc. This permission covers transport, usually by bus, supervision by nominated person and following health and safety procedures at destination. You will still always be informed that these trips are taking place. Camps will still have their own permission procedures.

I give permission for my child to participate in class / school visits, unless I notify the school otherwise.

Signed _____ Date _____

Parent / Caregiver Verification:

The information above is true and correct. I undertake to advise the school of any change in circumstances so that accuracy and contacts may be maintained.

Signed _____ Date _____

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.

Annex - Prior-participation in 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 time*, 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**.

4.

Please enter the number of hours per week for up to three services:	Service 1 (hrs/week)	Service 2 (hrs/week)	Service 3 (hrs/week)
a. Kōhanga Reo			
b. Playcentre			
c. Kindergarten <i>or</i> Education and Care Centre			
d. Home based service			
e. Playgroup			
f. The Correspondence School – Te Aho o Te Kura Pounamu			

Or

Please tick the appropriate box	
g. Attended, but only outside New Zealand	
h. Attended, but don't know what type of service	
i. Did not attend	
j. Unable to establish if attended or not	

Did the child regularly attend Early Childhood Education?

Instructions: "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.

- Yes, for the last ____ year(s).
- Not regularly, only occasionally with no on-going schedule.
- No, did not attend ECE.

Immunisation Certificate

This certificate is required by the Health (Immunisation) Regulations 1995. It is to be shown when a child starts at an early childhood centre, kōhanga reo or primary school.

Child's family name

Child's first name

Birth date

Vaccinator to complete information on early childhood immunisations, according to the National Immunisation Schedule. If not confident about receipt of all doses required to be fully immunised, either give necessary dose(s) **or** record as 'not fully immunised.'

1 Fully immunised to 15 months Not fully immunised

If not fully immunised, tick boxes for diseases where either all doses of vaccine given, **or** laboratory proven infection/immunity:

Rotavirus <input type="radio"/>	Pertussis <input type="radio"/>	Pneumococcal <input type="radio"/>
Diphtheria <input type="radio"/>	Hib <input type="radio"/>	Measles <input type="radio"/>
Tetanus <input type="radio"/>	Hepatitis B <input type="radio"/>	Mumps <input type="radio"/>
	Polio <input type="radio"/>	Rubella <input type="radio"/>

Vaccinator's declaration

I agree that this immunisation information is correct. I have explained what may happen if all immunisations are not given.

Signature

Date / /

Practice Stamp, or name and address of vaccinator

2 Fully immunised to 5 years Not fully immunised

If not fully immunised, tick boxes for diseases where either all doses of vaccine given, **or** laboratory proven infection/immunity:

Rotavirus <input type="radio"/>	Pertussis <input type="radio"/>	Pneumococcal <input type="radio"/>
Diphtheria <input type="radio"/>	Hib <input type="radio"/>	Measles <input type="radio"/>
Tetanus <input type="radio"/>	Hepatitis B <input type="radio"/>	Mumps <input type="radio"/>
	Polio <input type="radio"/>	Rubella <input type="radio"/>

Vaccinator's declaration

I agree that this immunisation information is correct. I have explained what may happen if all immunisations are not given.

Signature

Date / /

Practice Stamp, or name and address of vaccinator

The Immunisation Certificate

Children need an immunisation certificate to show if they are fully immunised or not. The nurse/doctor will sign the certificate when giving the 15 month immunisations and again after the immunisations prior to school entry. If you choose against immunisation the certificate can be signed by the nurse/doctor at any time.

When your child starts at an early childhood centre, kōhanga reo or primary school you will be asked to show the certificate. The information, which you can check, will be recorded in a register.

The Medical Officer of Health can check the register. If there is a threat of disease in your area, children not immunised may be asked to stay at home until after the disease has gone, to help stop it spreading. The purpose of the certificate is to safeguard the health of New Zealand children.

Tiwhikete Ārainga Mate

Me tino whiwhi tiwhikete ārainga mate ngā tamariki hei whakaatu mehemea kua tino whiwhi rātou ki te ārainga mate, kāore rānei. Mā te nēhi, mā te rata rānei e haina te tiwhikete i te wā e hoatu ana ia i ngā ārainga mate i te ekenga o te kōhungahunga ki te 15 marama te pakeke, i mua hoki i te haerenga ōna ki te kura. Mehemea kāore koe e whakaae ki te kaupapa ārainga mate, kāti ka taea e te nēhi, te rata rānei te haina te tiwhikete ahakoa he aha te wā.

Ka tīmata ana tō tamaiti i tētahi pokapū kōhungahunga, i tētahi kōhanga reo, i tētahi kura tuatahi rānei, me whakaatu e koe te tiwhikete ārainga mate, ā, ka tuhia tēnei whakaaturanga ki roto i te rēhita. Ka whai huarahi koe ki te titiro ki ngā whakaaturanga e pā ana ki tō tamaiti.

Ka taea e te Āpiha Hauora te tiro tiro te rēhita. Mehemea ka puta tētahi whakatūpato, arā, he tino mate kua heipū i roto i tō rohe, tērā pea ka whakahautia ngā tamariki kāore anō kia mahia kia noho ki te kāinga kia ngaro rawa taua mate, arā, hei aukati i te āhua o te hora haere o taua mate.

Ko te tikanga o te tiwhikete nei, arā, hei tiaki i te hauora o ngā tamariki o Aotearoa.



your best protection



MAIREHAU
PRIMARY SCHOOL

ANNEX TO SCHOOL APPLICATION

I AGREE TO THE FOLLOWING:

1. Send my children to school each day or phone the school (385 3796 or 027 756 5457) to say my child will be absent. All absences are to be followed up with a note explaining the absence.
2. Support the school rules and school playground and classroom management systems or communicate to the school directly any concerns about them.
3. Obey the safe entry and exit procedures as published each year in the school newsletter.
4. Send my child to school in the correct school uniform. This includes a cycle helmet if my child rides a bike.
5. Ensure homework tasks are completed by my child or communicate to the classroom teacher why this was not possible.
6. Communicate my child's medical / safety / emotional needs to staff.
7. Be available or have a nominated person available to collect my child/ren in case of emergency.
8. Send back to school questionnaires and information requested as quickly as possible.
9. Pay all stationery, school uniform, manual training, outdoor education costs incurred by my child/ren to the school by the due date.
10. I give the school permission to publish any of my child's work on the school's website if chosen.
11. I give permission for my child to go on all organised education outside the classroom trips.

This part to be given to parent/caregiver.

ANNEX TO SCHOOL APPLICATION

Having enrolled my child, I agree to the above 11 conditions.

Name of Child:

Signed: Date:

This part to be retained by school and stapled to enrolment form.

5 June 2013



Dear Parent/Guardian,

Our school has been accepted to join the Fonterra Milk for Schools programme.

Fonterra Milk for schools will:

- Deliver Year 1-6 kids a pack of Anchor Lite UHT milk every school day
- Supply a free fridge to chill milk
- Collect used packaging for recycling

Fonterra Milk for Schools is all about growing healthy kids and milk contains essential nutrients for growth and development. The natural nutrition of milk gives kids calcium for building bones and nutrients they need for sustained energy, concentration and learning in the classroom.

Participation in the programme is entirely voluntary. **To help us set up in the programme at Mairehau we need the slip below to be completed for every child in Years 1-6 and returned to your classroom teacher by Monday June 10.**

If you would like more information about the programme visit www.fonterramilkforschools.com Also read the back page of the latest school newsletter or contact the school office.

Child's first name:

Child's Surname:

Room Number:

- I would like my child to participate in Fonterra Milk for Schools
- I would not like my child to participate in Fonterra Milk for Schools
- My child has a dairy intolerance and/ or allergy and cannot participate

Parent's signature: