



MAIREHAU
PRIMARY SCHOOL

Transfer Enrolment Form

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: _____	
<p>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. <u>You will still always be informed</u> that these trips are taking place. Camps will still have their own permission procedures.</p> <p>I give permission for my child to participate in class / school visits, unless I notify the school otherwise.</p> <p>Signed _____ Date _____</p>	
<p>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.</p> <p>Signed _____ Date _____</p>	

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.

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:



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.