



ENROLMENT APPLICATION FORM

For Office Use

PRE-ENROLMENT

Date Received: _____
 In zone: **YES / NO**
 Proof of Address attached: **YES / NO**
 Priority Status: **1 2 3 4 5 6**

ENROLMENT NO.

NSN

STUDENT INFORMATION Surname (Legal) _____

First Name/s (Legal) _____ (Preferred) _____

Address _____ (Postcode) _____

Home Ph _____ Gender Male/Female (*circle one*) Date of Birth - -

Verification Birth Certificate (*preferred*) and/or Passport/Visa Citizenship _____

Ethnicity Māori Iwi/Hapu _____

NZ European Pacific Island _____ (please specify) Other Ethnic Group _____ (please specify)

Home Language _____ Dialect (*if applicable*) _____ Date NZ entry - -

Previous Primary School (if any) _____

Emergency Mobile/s (max. 2) _____

Email/s for Communication (max. 1 per parent) _____

PARENT / GUARDIAN/ CAREGIVER INFORMATION

MOTHER/Caregiver

Mrs/Ms/Miss Surname _____ First Name _____

Address _____

Home Ph _____ Cell _____ Wk _____

Occupation _____ Workplace _____ Caregiver/Student Relationship _____

FATHER/Caregiver

Surname _____ First Name _____

Address _____

Home Ph _____ Cell _____ Wk _____

Occupation _____ Workplace _____ Caregiver/Student Relationship _____

LEGAL GUARDIANS _____ Relationship to student _____

CUSTODY/ACCESS If any Custody/Access restrictions/arrangements please advise _____

Court Order issued. Yes – No - NA (*circle one*) Copies of Order/s attached

SICKNESS / CIVIL DEFENCE EMERGENCY CONTACTS

People you authorise to collect your child from school and care for in the event of sickness/civil defence emergency; additional to parents/caregivers.

Full Name _____ Relationship to student _____

Address _____

Home Ph _____ Cell _____ Wk _____

Full Name _____ Relationship to student _____

Address _____

Home Ph _____ Cell _____ Wk _____

EARLY EDUCATION PARTICIPATION

Was ECE regularly attended?

- Yes, for the last _____ year/s.
- Not regularly, only occasionally or with no on-going schedule.
- No, did not attend ECE

Did your child attend an ECE service in the six months prior to starting school?

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. Kohanga Reo <i>Name of Kohanga</i>			
b. Playcentre <i>Name of Playcentre</i>			
c. Kindergarten or Education and Care Centre <i>Name of Kindergarten or ECC</i>			
d. Home based service <i>Name of service</i>			
e. Playgroup			
f. The Correspondence School – Te Aho o Te Kura Pounamu			

Or

Please tick (✓) the appropriate box below only if section above is left blank.	
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	

HEALTH

Doctor _____ Address _____ Ph _____

Please detail any medical condition/s and medication the school should be aware of, indicating the degree of the condition i.e. **Mild / Medium / Severe.** Please attach further information as required.

Vision _____ M / M / S Speech _____ M / M / S

Hearing _____ M / M / S Allergies _____ M / M / S

Medication _____

Serious Problems _____

I understand that the school will take action on my behalf in the event of injury to or sudden illness of my child. I agree to accept all costs associated with or incurred by such actions. I understand that the school will make decisions regarding the safety care and wellbeing of my child in the event of an emergency and I agree to accept and abide by them.

Parent/Caregiver Signature _____ **Date** - -

If your child requires medication to be administered during school hours, you must complete a separate Consent Form. Consent form to be completed on commencement at Waterloo School or as required.

IMMUNISATION RECORD

All primary schools are required to keep a register recording the immunisation status of all enrolled children.

Is your child Immunised? Has he/she completed his/her Immunisations?

- Yes** Proof required Copy of Immunisation Certificate from your Doctor or your child's Plunket Book.
- No**

LEARNING / BEHAVIOUR

Learning/Behaviour Needs _____

Specialist Needs/Resourcing/Agencies _____

Other information/requests _____

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 on your child. The records made from this information may be viewed on request at the school.

The information collected may be disclosed to appropriate education, health and welfare authorities and for data gathering purposes by the NZ Ministry of Education, in accordance with the principles of the Privacy Act.

It will not be disclosed to any other person or agency unless such disclosure is authorised or required by law.

Parent/Caregiver Signature _____ **Date** - -

ZONING DECLARATION

Enrolment into Waterloo School is based on the permanent residential address of a student as they commence at Waterloo School (not at the time of enrolment). For in-zone applications this address must be the student's usual place of residence when the school is open for instruction. If a pre-enrolled applicant has a change of address, the school must be advised immediately, as this may affect their eligibility for enrolment.

The Ministry of Education has advised that parents/guardians should be warned of the possible consequences of deliberately attempting to gain unfair priority in enrolment by knowingly giving a false address or making an in-zone living arrangement which they intend to be only temporary, e.g.

- renting accommodation in zone on a short-term basis
- arranging temporary board in zone with a relative or family friend
- using the in zone address of a relative or friend as an 'address of convenience', with no intention to live there on an ongoing basis.

If the school learns that a student is no longer living at the in zone address given at the time of application for enrolment and has reasonable grounds to believe that a temporary in zone residence has been used for the purpose of unfairly gaining priority in enrolment at the school, then the board may review the enrolment. Unless the parents/guardians can give a satisfactory explanation within 10 days, the board may annul the enrolment. This course of action is provided for under section 110A of the Education Act 1989.

I confirm that the address supplied to the school in this enrolment form will be the usual place of residence of _____ (*student name*) as they commence at Waterloo School and when the school is open for instruction. I will advise the school of any subsequent change of address.

Parent/Caregiver Signature _____ **Date** - -

OUT OF ZONE ENROLMENTS

If enrolling your child under the **Fourth Priority** listed under Criteria for Enrolment in our Enrolment Policy i.e. "Fourth priority will be given to any applicant who is a child of a former student of the school" please supply the relevant parent's details for verification.

Parent's Full Name (*whilst at Waterloo School*) _____

Parent's First Year _____

For School Office Verification Only

Parent's Enrolment No. _____

PLEASE COMPLETE

Siblings currently enrolled at Waterloo School

Name _____ Year level _____

Name _____ Year level _____

Siblings previously enrolled

Name _____ First year _____

Name _____ First year _____

Future sibling enrolment A separate Enrolment Application form must be filled in for each sibling

Name _____ Date of Birth - -

Name _____ Date of Birth - -