Waterloo School
Te Kura ō Waterloo

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

ENROLMENT APPLICATION

Applications for out of zone enrolments for 2027 must be received by 3.00pm Monday 12th October 2026

STUDENT INFORMATION

Surname (legal) _____ **First Names** (legal) _____ **(Preferred)** _____

Address _____ **Postcode** _____

Gender Male ❒ Female ❒ Date of Birth ___/___/_____ **Zoning** In zone ❒ Out of zone ❒

Current year level_____ **Intended start date**_____ **Previous Primary School** _____

PRIMARY CONTACT(S)

CONTACT 1

Mr/Mrs/Ms/Miss Surname _____ **First Name's** _____

Address _____ **Postcode** _____

Mobile _____ **Work Ph** _____ **Email Address** _____

Occupation _____ **Workplace** _____ **Views/Receives Financial Statements** ❒ Yes ❒ No

Lives with Student ❒ Yes ❒ No **Relationship to Student** _____

CONTACT 2

Mr/Mrs/Ms/Miss Surname _____ **First Name's** _____

Address _____ **Postcode** _____

Mobile _____ **Work Ph** _____ **Email Address** _____

Occupation _____ **Workplace** _____ **Views/Receives Financial Statements** ❒ Yes ❒ No

Lives with Student ❒ Yes ❒ No **Relationship to Student** _____

STUDENT LIVING ARRANGEMENTS

Names of siblings currently attending Waterloo School _____

Sibling likely to attend this School _____ Date of Birth ___/___/_____

Names of siblings previously at Waterloo School _____ First year _____ __

Court Order issued Y ❒ N ❒ N/A ❒ Copies of orders attached ❒

STUDENT ETHNIC INFORMATION

Ethnicity ❒ Māori - Iwi/Hapu _____ ❒ NZ European ❒ Other Ethnic Group _____

❒ Pacific Island _____ Languages spoken at home_____ Date of NZ entry___/___/_____

Country or Jurisdiction of Citizenship _____ Parents country of birth _____

EMERGENCY CONTACTS FOR SICKNESS AND CIVIL DEFENCE

People you authorise to collect your child from school and care for in the event of sickness or civil defence emergency;
ADDITIONAL TO PARENTS/CAREGIVERS

Full name_____ **Relationship to student** _____

Address _____ **Postcode** _____

Home Ph _____ **Mobile** _____ **Work Ph** _____

Full name_____ **Relationship to student** _____

Address _____ **Postcode** _____

Home Ph _____ **Mobile** _____ **Work Ph** _____

Full name_____ **Relationship to student** _____

Address _____ **Postcode** _____

Home Ph _____ **Mobile** _____ **Work Ph** _____

MEDICAL

Doctor_____ **Medical Centre** _____ **Ph** _____

Permission to contact medical centre ❒ Yes ❒ No

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 _____

Medical Conditions _____

In the event of an accident or sudden illness, I/we authorise the staff of Waterloo School to obtain such medical assistance as may be necessary when I/we cannot be contacted. I/we agree to meet any cost incurred for the treatment or transportation of my child to receive medical attention Y ❒ N ❒

I/we give permission for Staff at Waterloo School to administer pain relief or other medication as listed on my child's records, if required Y ❒ N ❒
If your child requires medication to be administered during school hours, you must complete a separate Consent Form. This form is to be completed on commencement at Waterloo School or as required.

Please complete this form if you would like vision and hearing tests done on your child/ren Vision and Hearing survey link

Parent/Caregiver Signature _____ Date ___/___/_____

LEARNING AND BEHAVIOUR

Does your child have any learning/behaviour needs? Yes ❒ No ❒

If Yes, please provide information _____

_____

Has your child received any specialist/resourcing/agency support, i.e Early Intervention, RTLB? Yes ❒ No ❒

If Yes, please specify _____

Is there any support your child may need?_____

_____

EARLY EDUCATION PARTICIPATION

Was Early Childhood Education (ECE) regularly attended?

❒ Yes, for the last _____ year/s ❒ No, did not attend ECE ❒ Not regularly

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	Hours per week
a. Kohanga Reo *Name of Kohanga* ……	
b. Playcentre *Name of Playcentre* ……	
c. Kindergarten *or* Education and Care Centre *Name of Kindergarten or ECC* ……	
d. Home based service *Name of service* ……	
e. Playgroup	
f. The Correspondence School – Te Aho o Te Kura Pounamu	

Or

Please tick (✔) the appropriate box below only if the 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	

PERMISSIONS

With the increase in technology platforms in recent years and the number now used at Waterloo School, we are very mindful of our responsibility to keep our students' digital identities as safe as possible.

To this end, we have a number of ICT permissions around online publicity, including the use of Seesaw, our student journal application. (Once students are in Year 3 and begin working online with a school managed Google account, a more comprehensive Digital Citizen Agreement will need to be completed).

I/we give consent for my child to be given access at school to computers, the internet and other communication technologies Yes ❒ No ❒

You are only required to give these permissions once.

Should you wish to change your decisions at any time, please let us know.

We will then send you a new Permissions form to complete.

Completed forms will be held on file in the school office. If you have any questions or concerns, please email admin@waterloo.school.nz

PUBLICITY:

My child may have their name, image or work published in:

school website★	**Yes ❒ No ❒**
school Facebook page★★	**Yes ❒ No ❒**
other school publication/s	**Yes ❒ No ❒**

★ Only first names are published on the website
★★ No names *at all* are posted on Facebook

TRIPS:

I give permission for my child to participate in school trips and events which may involve bus travel, transportation in staff vehicles, parent helper vehicles or walking to and from venues within a reasonable distance of Waterloo School. I also understand that I will be kept fully informed in a timely manner about these trips and events. Any overnight trip (e.g. camp) will still require separate permission. *Please note that we will follow all privacy and health and safety requirements as per school policy.* **Yes ❒ No ❒**

Child's Name: _____

Parent Signature: _____ Date: ___/___/_____

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

IN ZONE ENROLMENTS

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 schedule 20, section 12 of the Education and Training Act 2020.

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

❒ **First Priority -** will be given to any applicant who is accepted for enrolment in an approved special programme. This priority category is not applicable to Waterloo School.

❒ **Second Priority** - will be given to applicants who are siblings of current students

❒ **Third Priority** - will be given to applicants who are siblings of former students

❒ **Fourth Priority** - will be given to applicants who are children of former students
Parent's Full Name *(whilst at Waterloo School)* _____
Parent's First Year _____

❒ **Fifth Priority** - will be given to applicants who are either children of Board employees or of a member of the School Board

❒ **Sixth Priority** - will be given to all other applicants