



**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 2025 must be received by 3.00pm Thursday 5th September 2024

**STUDENT INFORMATION**

Surname (legal) \_\_\_\_\_ First Names (legal) \_\_\_\_\_ (Preferred) \_\_\_\_\_  
Address \_\_\_\_\_ Postcode \_\_\_\_\_  
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 \_\_\_\_\_  Other Ethnic Group \_\_\_\_\_  
Is English a Second Language? Y  N  Home Language \_\_\_\_\_ Date of NZ entry \_\_\_/\_\_\_/\_\_\_  
Previous Primary School (*if any*) \_\_\_\_\_

**CAREGIVER INFORMATION**

**CAREGIVER 1**

Mrs/Ms/Miss Surname \_\_\_\_\_ First Name's \_\_\_\_\_  
Address \_\_\_\_\_ Postcode \_\_\_\_\_  
Home Ph \_\_\_\_\_ Mobile \_\_\_\_\_ Work Ph \_\_\_\_\_  
Email Address \_\_\_\_\_ Occupation \_\_\_\_\_  
Workplace \_\_\_\_\_ Relationship to Student \_\_\_\_\_

**CAREGIVER 2**

Mrs/Ms/Miss Surname \_\_\_\_\_ First Name's \_\_\_\_\_  
Address \_\_\_\_\_ Postcode \_\_\_\_\_  
Home Ph \_\_\_\_\_ Mobile \_\_\_\_\_ Work Ph \_\_\_\_\_  
Email Address \_\_\_\_\_ Occupation \_\_\_\_\_  
Workplace \_\_\_\_\_ Relationship to Student \_\_\_\_\_

**CUSTODY/ACCESS INFORMATION**

Please advise of any custody/access restrictions or arrangements \_\_\_\_\_

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

## 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** \_\_\_\_\_

**Full name** \_\_\_\_\_ **Relationship to student** \_\_\_\_\_

**Address** \_\_\_\_\_ **Postcode** \_\_\_\_\_

**Home Ph** \_\_\_\_\_ **Mobile** \_\_\_\_\_ **Work Ph** \_\_\_\_\_

## 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 \_\_\_\_\_

Medical Conditions \_\_\_\_\_

[Vision and Hearing survey link](#)

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. This form is 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 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
- 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 <b>hours per week</b> 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 <i>or</i> 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 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	

## 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 \_\_\_/\_\_\_/\_\_\_

## 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).

*It is timely to include a permission for school trips and events as well.*

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](mailto:admin@waterloo.school.nz)

### PUBLICITY:

My child may have their name, image or work published in:	school newsletter	Yes <input type="checkbox"/> No <input type="checkbox"/>
	school website★	Yes <input type="checkbox"/> No <input type="checkbox"/>
	school Facebook page★★	Yes <input type="checkbox"/> No <input type="checkbox"/>
	other school publication/s	Yes <input type="checkbox"/> No <input type="checkbox"/>

★ Only first names are published on the website

★★ No names *at all* are posted on Facebook

### SEESAW:

Seesaw is a digital student portfolio that gives students an audience for their work. All classes use it across the school. Students and teachers are able to post to their Seesaw journal, teachers approve student posts and parents and other family members are able to view them. Only you have access to your child's work and all of the content is stored securely. When more than one child has collaborated on a piece of work/an activity, then all whānau of these students will see the post.

I give permission for my child to have their name, image and work published in Seesaw Yes  No

### 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: \_\_\_/\_\_\_/\_\_\_

## 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

Name \_\_\_\_\_ Year level \_\_\_\_\_

Name \_\_\_\_\_ Year level \_\_\_\_\_

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

Name \_\_\_\_\_ First year \_\_\_\_\_

Name \_\_\_\_\_ First year \_\_\_\_\_

**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

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

Name \_\_\_\_\_ Date of Birth \_\_\_/\_\_\_/\_\_\_

Name \_\_\_\_\_ Date of Birth \_\_\_/\_\_\_/\_\_\_