

# Te Kura Tuatahi o Kaiapoi - Kaiapoi Borough School

## Enrolment Form

### Nau mai, haere Mai...

At **Kaiapoi Borough School**, enrolments are completed through an interview with the Principal and/or Deputy Principal. This allows us to meet with you to discuss any specific queries or concerns that you may have before your child starts school. Each Interview takes about 30 minutes. Please take time to complete this form before contacting the school office on telephone **327 7231** to book a time for your enrolment interview.

We look forward to having you join the Kaiapoi Borough School community.

### Our Values:

- **Innovation** - *Haututūtanga me Auahatanga*
- **Community** - *Whakawhānaungatanga*
- **Integrity** - *Pono*
- **Respect** - *Manaakitanga*



### Student Details:

Boy / Girl (circle)		Date of Birth:	___ / ___ / 20___
Legal Surname:		Legal First Name:	
Preferred Surname:		Preferred First Name:	
Name of Previous School or Preschool:		Year Level:	
Ethnicity: (you can note up to 3)			
Iwi/Hapu:			
Residential Address:			
			Postcode:
Child lives with: (please circle)	Both parents / Mother / Father / Shared Custody / Other: _____		
Is a 2nd report required: Yes / No	If Yes, to who?:		
Email address for 2 <sup>nd</sup> report: (if not listed as a parent/caregiver/contact)			

### Important Note

Unless you have successfully applied for a place via the ballot process, this address **MUST** be in the Kaiapoi Borough School zone as at the date your child starts school. (A named utility bill as proof of address is required).

Citizenship:	Residency Status in NZ:	
Country of birth:	If outside NZ, please enter the date arrived in NZ:	

If the first language of parents is not English, please complete the following questions:	
What is your child's first language?	
What language do you use as parents?	
What language do you use to speak to your child?	
What language does your child reply in?	
What language do your child's siblings speak?	

**Parent / Caregiver Details:** *(Please put in order of contact in case of an emergency)*

Parent / Caregiver 1					
Family Name:		First Name:			
Relationship to student:					
Citizenship:		Residency Status in NZ:			
Country of Birth:		If outside NZ, please enter date arrived in NZ: ____ / ____ / ____			
Occupation:		Employer:			
Address if different from Student:					
Phone No:	Home:	Work:	Cell:		
Email:					

Parent / Caregiver 2					
Family Name:		First Name:			
Relationship to student:					
Citizenship:		Residency Status in NZ:			
Country of Birth:		If outside NZ, please enter date arrived in NZ: ____ / ____ / ____			
Occupation:		Employer:			
Address if different from Student:					
Phone No:	Home:	Work:	Cell:		
Email:					

Parent / Caregiver 3 / Emergency Contact					
Family Name:		First Name:			
Relationship to student:					
Address if different from Student:					
Phone No:	Home:	Work:	Cell:		
Email:					

Parent / Caregiver 4 / Emergency Contact					
Family Name:		First Name:			
Relationship to student:					
Address if different from Student:					
Phone No:	Home:	Work:	Cell:		
Email:					

## Custody / Access Arrangement

(This information **MUST** be backed up by legal documentation. Without it children may be picked up by any parent and information shared with all parents.)


## Health & Development Issues

At the enrolment meeting we will ask you questions about your child's health & development in the first five years. Please bring any specialist reports or documents that might be useful.

Name of Doctor:	
Address of Doctor:	
Telephone Number:	

## Learning and Behaviour Needs and/or Hobbies/Interests:

(Please detail any assistance that has or is being given, e.g. ESOL)

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## Maori Education

In addition to what is provided in class, do you want extra opportunities in:

Te Reo	<input type="checkbox"/> Yes <input type="checkbox"/> No
Kapahaka	<input type="checkbox"/> Yes <input type="checkbox"/> No
I am happy to be contacted by our KBS Whānau tautoko:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are there any other opportunities in Maori Education you would like for your child?	<input type="checkbox"/> Yes <input type="checkbox"/> No <i>If 'Yes', please specify:</i>

## Prior Participation in Early Childhood Education

### Did the student regularly attend Early Childhood Education?

"Regularly attends" means the student was booked in to a service for sessions each week and generally went to those sessions unless they were sick or on holiday

<input type="checkbox"/>	<b>Yes</b> , for the last _____ year(s), for _____ hours per week Name of ECE service attended:
<input type="checkbox"/>	<b>Not regularly</b> , only occasionally with no on-going schedule
<input type="checkbox"/>	<b>No</b> , did not attend Early Childhood Education

## Other family members likely to attend KBS in the future

### Important Note:

Unless you have successfully applied for a place via the ballot process, this address **MUST** be in the Kaiapoi Borough School zone as at the date your child starts school.  
An elder sibling already attending Kaiapoi Borough School **DOES NOT** mean they are an automatic right of entry.

Name	Date of Birth
	___ / ___ / 20___
	___ / ___ / 20___

## Parent/Caregiver Checklist

The following documents have been provided with this enrolment form:

<input type="checkbox"/>	Birth Certificate OR Passport
<input type="checkbox"/>	Immunisation Certificate/Record
<input type="checkbox"/>	Named utility bill as proof of address

## Attendance

We require punctual, regular attendance as expected by the Ministry of Education. Reasons for absence **MUST** be communicated and explained.

## Uniform

Students are required to wear our uniform in accordance with uniform guidelines. A written and signed explanation from a parent/caregiver must be provided for non-uniform items that are worn.

**Please read and sign to show agreement with the following: (please tick)**

- ☐ I/we agree to abide by school policies (<http://kaiapoiborough.schools.co.nz> - User 'KBCH' Password 'shine').
- ☐ In the event of illness, accident or emergency, the school will use all possible means to contact parent(s)/caregiver(s) or any other emergency contact in the order you have detailed on this form. In the event contact cannot be made, and urgent medical attention is required, I/we agree to allow the school to take the necessary steps to ensure that appropriate treatment is provided for my child.
- ☐ I/we give permission for the school to forward information when my child transfers to another school, or on request to a potential intermediate or secondary school.
- ☐ I/we give permission for my child's first name, photograph and/or school work to appear on the school website, in the school newsletter, or used for other school promotional purposes.
- ☐ I/we give blanket consent for my child to participate in 'Level A' education outside the classroom (EOTC) activities that are within school hours, in the school grounds. I/we understand that I/we will be notified of the timing of any 'Level B, C or D' EOTC activities taking place out of the school grounds, and specific consent will be obtained. (See the school policies via the link above for further information).
- ☐ In the event of **any** change to the information provided on this enrolment form, I/we agree to notify the school as soon as possible.
- ☐ I/we understand Kaiapoi Borough School is part of the Donations Scheme (effective 2020, and reviewed annually) which covers school donations and activity costs, however I/we are aware contributions towards School Camp and Technology are exempt and will be sought.
- ☐ **I/we confirm that as at the date my child starts school our home address will be in the Kaiapoi Borough School zone or I will have successfully applied for a place via the ballot process.**

**Name:** \_\_\_\_\_

**Name:** \_\_\_\_\_

**Signed:** \_\_\_\_\_

**Signed:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Date:** \_\_\_\_\_

## Privacy Statement

The information collected via this form will be used by the school for enrolment and is 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 New Zealand 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 the law. Transfer of student data to an overseas school or entity will be managed in accordance with the principles above, and in conjunction with the parent/caregiver.

KBS has security cameras in operation to assist with the safety and security of students, staff and the community. Camera footage may be used to ascertain involvement in, or the specifics of an incident.

For School Use					
Birth date verified: <input type="checkbox"/>		Proof of address: <input type="checkbox"/>		Immunisation Certificate: <input type="checkbox"/>	
Year level:		Studio number:		Start Date:	___ / ___ / 20___
Teacher:					
First Visit Date:	___ / ___ / 20___		Etap No.		
House:	Kai / Rak / Rua / Wai		Copy to:	<input type="checkbox"/> Etap <input type="checkbox"/> Enrol <input type="checkbox"/> T <input type="checkbox"/> L <input type="checkbox"/> D <input type="checkbox"/> Acc <input type="checkbox"/> MLO	