

Miramar North School

ENROLMENT FORM



Family name		Date of birth		Year Level	
First names		Start date		Room	
Preferred name		Gender		In Zone	<input type="checkbox"/>
				Out Of Zone	<input type="checkbox"/>

The following documents need to be sighted and photocopied by the school:

Birth certificate Number		Passport Number (if child was not born in NZ)	
Student Visa Number (if child was not born in NZ)		Residency Number (if child was not born in NZ)	
Proof of address (e.g. bank statement/utility bill)		Immunisation record	

Ethnic group(s)		
Iwi		

Language(s) spoken in the home

First language		Second Language	
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Background (This information is gathered for funding) Please indicate:

NZ Born	<input type="checkbox"/>	NZ Resident	<input type="checkbox"/>	Immigrant	<input type="checkbox"/>	Refugee	<input type="checkbox"/>
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If my child was born in another country

Country of birth		Date arrived in NZ	
We would like to have an introductory meeting with our support person/interpreter:	Yes	<input type="checkbox"/>	No
		<input type="checkbox"/>	<input type="checkbox"/>

Prior/Early childhood education

Please indicate which Early Childhood Education your child has had in the six months prior to attending school:

Name of ECE:		How long attended:	
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How many hours did your child spend in Early Childhood Education?
This information is used for funding purposes

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Kohanga reo	<input type="checkbox"/>	Playcentre	<input type="checkbox"/>	Kindergarten OR Education and Care Centre	<input type="checkbox"/>
Home based service	<input type="checkbox"/>	Playgroup	<input type="checkbox"/>	Correspondence School	<input type="checkbox"/>

If transferring from another school or country:

Name of school	
Contact/Email address	

Office Use Only

eTap number

NSN Number

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CONTACT INFORMATION 1



Parents/Caregivers

Family name	
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Siblings	Date of birth	Please tick the column that applies		
		Previously at MNS	Currently at MNS	Will come to MNS

Parents/Caregiver 1 (First point of contact)

Name		Relationship to child	
Address			
Email		Work Phone	
Home Phone		Mobile number	
Occupation			

Parent/Caregiver 2

Name		Relationship to child	
Address (if different)			
Email		Work Phone	
Home Phone		Mobile number	
Occupation			

Child lives with: (Please indicate)

Both parents	Caregiver	Father	Mother	Shared care
Add details if needed				
Custody details			Court order issued?	

YES NO

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CONTACT INFORMATION 2



Emergency Contacts: Please provide two alternative contacts, other than parents, in case of injury or illness

Emergency Contact 1

Name		Relationship to child	
Address			
Home Phone		Mobile number	

Emergency Contact 2

Name		Relationship to child	
Address			
Home Phone		Mobile number	

Emergency Contact 3: In case of an emergency and the Miramar Peninsula is isolated please provide a third emergency contact (if not listed above) who lives locally that could collect your child/children.

Name		Relationship to child	
Address			
Home Phone		Mobile number	

Privacy Statement: The information collected will be used by the school for enrolment and forms the basis of the information held by the school about 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 N.Z. 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 Approvals (Please indicate:)

I agree:

(1) to abide by the school's policies,	<input type="checkbox"/>
(2) that the school will take action on my behalf in case of sudden illness or injury,	<input type="checkbox"/>
(3) that the school may forward my child's name and address to a potential intermediate or secondary school.	<input type="checkbox"/>
(4) that my child's work and image may be used: (a) on class secure/password-protected blogs,	<input type="checkbox"/>
(b) on school social media, e.g. the school website, school Facebook page - this includes live-streaming of school assemblies/ performances,	<input type="checkbox"/>
(c) in the school newsletter.	<input type="checkbox"/>
(5) I give permission for the named emergency contacts to pick up my child/children	<input type="checkbox"/>

Full Name:

Sign:

Miramar North School

MEDICAL INFORMATION



Medication is only given at the school with parent permission; medication is held at the school office or in the child's classroom, according to the medical plan. If medication is required, please bring the medication to the office and complete the permission form.

My child is immunised: *(Please indicate)*

Yes

No

Please bring your child's immunisation records to school office so that the office can make a copy for their records.

Local Doctor

Allergies

Please list

Medication required

Treatment

Medical condition(s)

**Treatment
Medication Notes**

Learning/behavioural needs

I would like to meet with the Learning Support Coordinator to discuss our child's medical and/or learning needs *(Please indicate)*

Yes

No

Has your child had a B4 school check?

Yes

No

Has your child's hearing and vision been tested?

Yes

No

I consent to my child's hearing and vision being tested at school.

Yes

No