



## ENROLMENT FORM

### PUPIL DETAILS

Legal Surname \_\_\_\_\_ Preferred Surname \_\_\_\_\_

Legal First Names \_\_\_\_\_ Preferred First Name \_\_\_\_\_

Date of Birth \_\_\_\_\_ Age \_\_\_\_\_ Current Year \_\_\_\_\_

Address \_\_\_\_\_

### ETHNIC BACKGROUND

New Zealand Resident Yes / No

Country or Origin \_\_\_\_\_ Immigration Status \_\_\_\_\_ (Please attach details)

Home Language \_\_\_\_\_

Ethnic Preference (3 max) \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Iwi Affiliations (3 max) \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Special Cultural or Ethnic Considerations \_\_\_\_\_

### PARENT/CAREGIVER DETAILS

**Caregiver 1** Surname \_\_\_\_\_ First Name \_\_\_\_\_

Occupation (optional) \_\_\_\_\_ Work Place (optional) \_\_\_\_\_

Mobile Number \_\_\_\_\_ Work Phone Number \_\_\_\_\_

Home Phone Number \_\_\_\_\_ E Mail \_\_\_\_\_

Home Address (if different to mailing address) \_\_\_\_\_

**Caregiver 2** Surname \_\_\_\_\_ First Name \_\_\_\_\_

Occupation (optional) \_\_\_\_\_ Work Place (optional) \_\_\_\_\_

Mobile Number \_\_\_\_\_ Work Phone Number \_\_\_\_\_

Home Phone Number \_\_\_\_\_ E Mail \_\_\_\_\_

Home Address (if different to mailing address) \_\_\_\_\_

Is any of the above information confidential or unlisted? Yes / No (please specify) \_\_\_\_\_

Child lives with: Both Parents Caregiver 1 Caregiver 2 Caregiver (please circle one)

Are both parents the child's natural parents? Yes / No. If no, please provide details \_\_\_\_\_

Is the child aware of the above details? Yes / No

### CUSTODIAL INFORMATION

Do both parents have legal access? Yes / No

If there are any custody/access arrangements that Broadfield School need to be aware of, please attach copies of relevant Court Papers, and if the student is not living with a parent, please provide evidence of legal custody.

**SPECIAL SKILLS/SERVICES (Parents)**

Special skills / equipment / service that we may be able to offer to the school \_\_\_\_\_

**EMERGENCY CONTACT** (If parent/caregiver cannot be contacted)

Surname \_\_\_\_\_ First Name \_\_\_\_\_ Home Phone Number \_\_\_\_\_

Mobile Phone Number \_\_\_\_\_ Relationship (ie grandparent / family friend / etc) \_\_\_\_\_

**MEDICAL INFORMATION**

Doctor \_\_\_\_\_ Medical Practice \_\_\_\_\_ Phone Number \_\_\_\_\_

Dentist \_\_\_\_\_ Dental Practice \_\_\_\_\_ Phone Number \_\_\_\_\_

	Mild	Moderate	Severe		Mild	Moderate	Severe
Allergy				Fainting			
Asthma				Headaches			
Bee Stings				Hearing			
Bladder				Nervousness			
Diabetic				Nose Bleeds			
Epileptic				Sight			

Details of medical conditions and / or restrictions on treatments (ie – do not administer Pamol, allergic to nuts, etc)

Medication held at school (please specify) \_\_\_\_\_

I give permission for school to administer medication as specified above (please sign) \_\_\_\_\_

I give permission for the school to administer pain relief ie Panadol/Pamol (please sign) \_\_\_\_\_

**IMMUNISATION** (Please circle)      Fully Immunised      Partially Immunised      Not Immunised

**EARLY CHILDHOOD EDUCATION**

Did your child attend one or more Early Childhood Education Service?

Please enter the number of hours per week for up to three services (latest services only)	Name of Kindy/Kohanga/etc attended	Service 1 hrs/week	Service 2 hrs/week	Service 3 hrs/week
Kohanga Reo				
Playcentre				
Kindergarten or Education and Care Centre				
Home Based Service				
Playgroup				
The Correspondence School – Te Aho or Te Kura Pounamu				

Or

Please tick the appropriate box	
Attended, but only outside New Zealand	
Attended, but don't know what type of service	
Did not attend	
Unable to establish if attended or not	

Did your child regularly attend an Early Childhood Education? "Regularly attend" means the child was booked in to a service for sessions each week/fortnight and generally went to those sessions unless they were sick, on holiday or had a family occasion, etc.

Please tick the appropriate box	
Yes, for the last ___ years	
Not regularly, only occasionally with no on- going schedule	
No, did not attend ECE	

**PREVIOUS SCHOOL ATTENDED** \_\_\_\_\_

Address \_\_\_\_\_

Siblings likely to attend Broadfield

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ School currently attending \_\_\_\_\_

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ School currently attending \_\_\_\_\_

**SPECIAL EDUCATION** (please tick appropriate box)

ORRS Funded

ACC Funded

Please give details of any behavioural, pastoral or family circumstances that we need to be aware of in the box below. If necessary, please continue on a separate sheet.

**READINESS FOR SCHOOL CHECKLIST** (Pre-enrolments only)

Because starting school is important to a five year old it helps teachers make this transition much easier if they know about some of the following things. Please tick the checklist where appropriate.

**Personal and Early Learning Skills**

Talks freely and openly	<input type="checkbox"/>	Takes turns	<input type="checkbox"/>	Can recognise name	<input type="checkbox"/>
Co-operates willingly	<input type="checkbox"/>	Usually happy	<input type="checkbox"/>	Can write name	<input type="checkbox"/>
Plays with others	<input type="checkbox"/>	Cares for personal possessions	<input type="checkbox"/>	Knows colours	<input type="checkbox"/>
Plays besides others	<input type="checkbox"/>	Knows and uses manners	<input type="checkbox"/>	Can recognise some letters	<input type="checkbox"/>
Can follow directions	<input type="checkbox"/>	Speaks clearly	<input type="checkbox"/>	Can count to 10 initially (or beyond)	<input type="checkbox"/>
Is helpful	<input type="checkbox"/>	Can take self to the toilet	<input type="checkbox"/>		<input type="checkbox"/>
Enjoys listening to stories	<input type="checkbox"/>	Glasses?	<input type="checkbox"/>		<input type="checkbox"/>

**Motor Skills**

Left or right handed?	<input type="checkbox"/>	Any current concerns regarding your child's development at this stage?
Can use scissors	<input type="checkbox"/>	
Can hold a pencil / crayon	<input type="checkbox"/>	
Can balance, hop, jump and climb	<input type="checkbox"/>	
Can manage own clothing	<input type="checkbox"/>	
Can throw and catch a ball	<input type="checkbox"/>	

**EXTRA COPY OF SCHOOL REPORT** (in addition to the parent/caregiver an extra copy of my child's school report should be sent to:

Name \_\_\_\_\_ Relationship to Student \_\_\_\_\_

Address \_\_\_\_\_

I give permission for limited use of my telephone numbers by the Board of Trustees and Friends of the School for contact.	
I give permission to release information to local High Schools.	
I give permission for my child's photo to be taken whilst participating in school activities. Photographs may be used for publicity purposes, ie school newsletters, school website, school's private Facebook page and local newspapers.	
I give permission for my child to participate on school trips and visits that are not overnight stays, or trips where no significant hazard is present. The school will provide a separate permission form to be completed for these trips.	
I give permission that in cases of serious illness, emergency, or in the event of an accident, when I cannot be contacted, the school will arrange for my child to be taken to an emergency/medical service. I agree to meet any cost incurred for treatment and/or transportation of my child to receive medical attention.	
I give permission for my child's records to be forwarded on / requested from future or previous schools.	
I undertake to ensure that my child will attend school regularly and punctually, and only be absent in cases of illness or an emergency.	
I undertake to inform the school of any change of address, contact details or changes in family circumstances.	
I understand that if my child is ill, they will be kept at home and I will inform the school of their absence and the reason.	
I agree that my child will be subject to the rules and policies of the school, including wearing the school uniform correctly.	
I understand and support the Broadfield School Cybersafety Use Agreement (signed copy attached).	
I confirm that the information given on this form is true and correct. I understand that the information provided may be passed onto other agencies that work with the school for educational purposes.	

(Please initial each box)

**SIGNED** \_\_\_\_\_ **PLEASE PRINT NAME** \_\_\_\_\_

Please attach a copy of the following documentation:

- Birth Certificate or Passport (If not born in New Zealand, please attach a copy of passport / immigration status and student visa or permit details)
- Immunisation Certificate
- Cybersafety Use Agreement (Junior or Senior as applicable)

<b>For Office Use</b>			
Date enrolment form received		Proof of address (in zone only)	
Date of admission		Date acknowledged	
Admission number		NSN	

**ENROLMENT QUESTIONNAIRE**

The Education Act gives a guarantee of enrolment to students who live in the home zone specified in the school’s enrolment scheme. The Board needs to be sure that a non-zone address is genuine, because they are required to manage the enrolment scheme for the benefit of local students.

**We require copies of two documents showing your residential address** (ie power bill, phone bill, rates, etc). In addition to these specific documents showing proof of residence, it will assist the Board if you complete the following questionnaire.

Student’s name \_\_\_\_\_

- 1. What school is the student currently attending? (if any) \_\_\_\_\_
- 2. What is the address that will be the student’s usual place of residence when the school is open for instruction?

\_\_\_\_\_

**If the student will be living with their parent(s)**

- 3. Have you lived at this address for more than one year? \_\_\_\_\_
- 4. If you have answered ‘yes’ to Question 3 above, is this:

- a. Your only residential address? Yes / No (please circle one)
- b. Your main residential address? Yes / No (please circle one)
- c. If ‘no’ please state your other address

\_\_\_\_\_  
\_\_\_\_\_

- 5. If you have answered ‘no’ to Question 3 above, do you:
  - a. Own the property? Yes / No
  - b. Intend to stay at this address permanently? Yes / No

**If the student will be boarding:**

- a. Who will the student be boarding with? \_\_\_\_\_
- b. How long has the boarding arrangement been in place? \_\_\_\_\_
- c. Is it a permanent boarding arrangement? \_\_\_\_\_
- d. What are the reasons for the boarding arrangement?

\_\_\_\_\_  
\_\_\_\_\_

- e. If the boarding arrangement is temporary, why is that so?

\_\_\_\_\_  
\_\_\_\_\_

- f. What is the parent’s usual home address?

\_\_\_\_\_

- g. Will the person(s) with whom the student is boarding have a primary duty of care? (*Note: The student will not be considered as living ‘in zone’ if an ‘out of zone’ parent remains the primary caregiver?*) Yes / No (please circle one)

If any issues arise from the above information, the Board may wish to interview you to ensure the genuineness of the application. The Broadfield School Board of Trustees reserves the right to decline any enrolment should false information be provided.

Name of person completing this form \_\_\_\_\_ (please print)

Relationship to student \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

*(Please note: Information Privacy – the personal information provided on this zone questionnaire will be used for school zone management purposes only.)*