



Tai Tapu School

Tai Tapu School Enrolment Form Pupil Details (One form per pupil)

Class: _____ Room: _____
Enrolment No. _____
ENROL _____
Completed By: _____
NSN No. _____
House _____

Pupil Legal Surname	Legal first name/s:
Eldest child at this school: _____ Place in family: _____ of _____	Preferred first name:
Residential Address:	Boy / Girl DOB: _____ / _____ / _____ Current year level:
	Previous School:
Postal Address (if different to Residential)	Address:
	Ethnicity _____ Iwi/Hapu:
Phone: _____ Mobile: _____	1.
Rural Emergency No: _____ Home Language _____	2.
Residency/Citizenship? Yes / No If No, enter details below	3.

A COPY OF THE BIRTH CERTIFICATE IS REQUIRED FOR THE MINISTRY OF EDUCATION

PARENTS/CAREGIVERS			
Title: _____ Legal Surname: _____	First Name: _____		
Residential Address: (If different from pupil)	Relationship to pupil:		
	Occupation: _____	Workplace/Hrs: _____	
	Ph Hm: _____	Ph Wk: _____	
Email Address: _____	Mobile _____		
Title: _____ Legal Surname: _____	First Name: _____		
Residential Address: (If different from pupil)	Relationship to pupil		
	Occupation _____	Workplace Hrs: _____	
	Ph Hm: _____	Ph Wk: _____	
Email Address: _____	Mobile _____		
Emergency contact name 1:	Relationship to Pupil:	Ph Hm	Mobile
Emergency contact name 2	Relationship to Pupil:	Ph Hm	Mobile
Emergency contact name 3	Relationship to Pupil:	Ph Hm	Mobile
Doctor _____	Ph: _____		
Name/s of legal guardian/s:			

Did the child regularly attend Early Childhood Education?

Instructions: "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, or on holiday, or had a family occasion etc.

- ☐ Yes, for the last _____ year(s).
- ☐ Not regularly, only occasionally 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 hours per week for up to three services (a-f) or tick the appropriate box (g-j)	ECE 1 (hrs/wk)	ECE 2 (hrs/wk)	ECE 3 (hrs/wk)
a) Kohanga Reo			
b) Playcentre			
c) Kindergarten or Education and Care Centre			
d) Home based service			
e) Playgroup			
f) Correspondence School – Te Aho o Te Kura Pounamu			
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			

Custody Access

Court Order issued? Yes / No / NA

Attach further info as required.

Extra copy of school report to:

Address:

HEALTH	Learning/Behaviour Needs:
Immunization Certificate shown: This is needed for the Ministry of Education	
Allergies:	
Medication:	
Vision:	Specialist Needs/Resourcing Agencies:
Hearing:	
Speech	
Serious problems:	
	Other information/requests:

Permission for my child to receive pain relief (Panadol/Paracetamol) **YES / NO**

Bus Otahuna & McQueens Valley / Kaituna Valley & Prices Valley

Transport Car / Cycle /Walk

School Enrolment Zone: We live within the school enrolment zone Yes / No

School Uniform: I / We agree that we will abide by the Tai Tapu School Uniform Policy Yes / No

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 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 law.

Parent approvals: I agree that the school will take action on my behalf in case of sudden illness or injury, to abide by the school's policies, that my child's work and image may be used in accord with the school's online publishing policy/procedures and that the school may forward my child's name and address to a potential intermediate or secondary school.

Parent/Caregiver Signature: _____ Date: / /

Members of your family likely to be attending this school in the future:	Additional information:
1. Birth date: / /	
2. Birth date: / /	
3. Birth date: / /	

Principal Approved : _____ Date: _____

Permissions

In the event of an accident or sudden illness, I/we authorise the staff of Tai Tapu 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.

First Aid Consent

No

Yes

I/we give permission for staff at Tai Tapu School to administer pain relief or other medication as listed on this child's records, if required.

Pain Relief Consent

No

Yes

I/we give permission for this child to undergo vision and hearing testing.

Vision and Hearing Testing Consent

No

Yes

I/we give permission for this child to be seen by a School Health Professional or Dental Nurse.

Health Professional Consent

No

Yes

I/We give consent for this child to be given access at school to computers, the Internet and other communication technologies?

Internet Usage Consent

No

Yes

I/We give consent for this child to participate in local walking trips/visits without my prior knowledge?

EOTC Trip Consent

No

Yes

I/we give permission for this child's photo to be taken whilst participating in school activities. Photos may be used for promotional purposes in the schools newsletters, website and school social media apps.

Photo Usage Consent

No

Yes

I/we give consent for my/our contact information to be given to the school PTA.

Contact Information Consent

No

Yes

Permissions Comment
