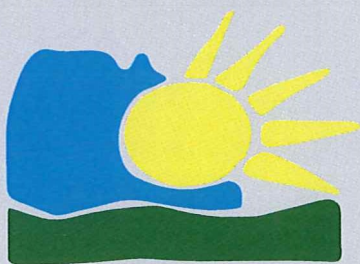


# Enrolment Form



## Swannanoa School

'A Passion for Learning,  
a Pride in Belonging'

### Our Vision

The Swannanoa Achiever will be  
well equipped to thrive in an  
ever-changing world

#### Contact Us

Address: Tram Road, R.D.6, Rangiora  
Phone: 03 312 6813

Email: [admin@swannanoa.school.nz](mailto:admin@swannanoa.school.nz)  
Website: [www.swannanoa.school.nz](http://www.swannanoa.school.nz)  
Twitter: Txt follow SwannanoaSchool to 8987



# Swannanoa School

Welcome to the Swannanoa School community. We look forward to working with your child and your family.

**Enrolment Form** Please provide proof of living in zone.

## Student's Details:

Official surname or family name:

Official given names:

Name your child is known by/preferred name

Preferred family name:

Preferred given name:

Gender:

Male | Female

Place in family

out of

Date of Birth:

Admission Date:

Current Year Level (*if transferring*):

Name of current school (*if transferring*):

## Primary Residential Address:

Number/Street:

Rural Delivery No:

Town:

Post Code:

## Family Contact Details:

Parent/Caregiver Name:

Cell phone:

Title

Title

Home Phone

Main Email Address:

**ESOL Students** (English Speakers of Other Languages)

Does your child require ESOL support?

Yes | No

## Ethnicity

Child ethnic origin(s):

## Iwi Affiliation

If Maori please identify iwi affiliation (max 3)

## Languages spoken at home

Please circle main language used

### Medical Information

Doctor:

Name of Medical Centre:

Phone:

Does your child have allergies/medical conditions/requirements that we should know about?

Is your child fully immunised?

**Yes | No**

Please supply copy of immunisation certificate.

### Pamol

Are you happy for the school to give child pamol / paracetamol at the prescribed dose if required?

**Yes | No**

### Identification

Please provide one official identity verification document. The office will take a copy of this document.

☐

New Zealand Birth Certificate

☐

Foreign Birth Certificate

☐

New Zealand Passport

☐

Foreign Passport

☐

Other

**Staff Initials:** \_\_\_\_\_

If your child was **not born in New Zealand** please complete the following:

Country of birth:

Date of entry to NZ:

Do you have a student permit?

**Yes | No**

Passport No:

Visa Expiry Date:

**Getting to know your child.** Please tell us about your child, e.g. likes/dislikes, strengths/weakness, disposition, thoughts about starting school.

Caregivers Details

Parent/Caregiver

Title

First Names

Surname

Relationship to Student

Address

Number/Street

Rural Delivery No

Town

Post Code

Home Phone

Mobile

Work Phone

Email

Occupation

Parent/Caregiver

Title

First Names

Surname

Relationship to Student

Address

Number/Street

Rural Delivery No

Town

Post Code

Home Phone

Mobile

Work Phone

Email

Occupation

Parent/Caregiver

Title

First Names

Surname

Relationship to Student

Address

Number/Street

Rural Delivery No

Town

Post Code

Home Phone

Mobile

Work Phone

Email

Occupation

Custodial Statement

Student lives with: *[Please circle one]*

Custody/Access arrangements the school needs to be aware of *[Please supply copy of court order or agreement]*

**Emergency Contacts** (These people may also collect your child from school.) Please provide two contacts.

Name:

Name:

Home Phone:

Home Phone:

Cell Phone:

Cell Phone:

Relationship of student:

Relationship of student:

### Civil Defence

In addition to the contact names named above, please supply the school with the names of at least two additional people who may collect your child after a civil emergency, should you be unable to collect your own child within 2 hours. These contacts may be neighbours, friends or any other adult your child knows. We will only use these names in the event of a civil defence emergency.

Name:

Name:

Name:

Name:

Name:

Name:

### Siblings

To assist us with our planning, please provide names of any younger siblings likely to be attending Swannanoa School in the future.

Name:

Date of Birth:

Name:

Date of Birth:

Name:

Date of Birth:

Please complete if your child is starting school as a 5 year old.

### Prior-participation in Early Childhood Education

Did your child attend one or more Early Childhood Education service(s) in the six months prior to starting school? Please complete the table below for the last service(s) attended.

### Instructions

1. If the child was attending more than one service *at the same time*, please enter hours per week for up to three services
2. If the child attended one service, but changed to a different service within the six months prior to starting school, please complete the table for the *last service only*, not both.
3. If the child's attendance hours varied, or the parent/caregiver is uncertain, please enter an approximate or average number of **hours per week**

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. Kōhanga Reo			
b. Playcentre			
c. Kindergarten <i>or</i> Education and Care Centre			
d. Home based service			
e. Playgroup			
f. The Correspondence School – Te Aho o Te Kura Pounamu			

Or:

Please tick the appropriate box	
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	

### 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

Name of service attended: .....

### Privacy Statement:

We are collecting personal information on this enrolment form for the purpose of providing early childhood education for your child.

We will use and disclose your child's information only in accordance with the Privacy Act 1993. Under that Act you have the right to access and request correction of any personal information we hold about you or your child. Details about your child's identity will be shared with the Ministry of Education so that it can allocate a national student number for your child. This unique identifier will be used for research, statistics, funding, and the measurement of education outcomes.

You can find more information about national student numbers at: [eli.education.govt.nz](http://eli.education.govt.nz)

Information about acceptable identity verification documents is available online at [eli.education.govt.nz](http://eli.education.govt.nz)

**The Ministry recommends that all services keep a copy of the identity verification document of each child who is enrolled at the service.**



## Parent / Caregiver Declaration (please read and sign)

In terms of the Privacy Act, I understand that the information on this form is collected to form part of the essential information that the school holds on my child. The records made from this information may be viewed on request at the school.

I understand that my child's educational records may be requested from previous schools and passed on to subsequent schools.

I give permission for the school to use photographs of my child while taking part in various activities at school. These photos could appear on our website or on promotional material or other forms of media e.g. newspaper, school newsletter.

If enrolment entitlement is due to having a visa of any sort I authorise the office staff to confirm the status of the visa through Visaview (provided by Immigration NZ).

I have read the Internet Safety Policy and I am aware of the school's initiatives to maintain a cyber safe learning environment. I also understand the need to make my child aware of the safe use of computers and the internet. I consent to my child's safe use of computers and the internet on this basis.

I understand that if my child is ill, he/she will be kept at home and I will inform the school of his/her absence each day.

I understand my home/cellphone contact details may be given to the Swannanoa Country Fair Committee to enable them to contact you in regards to the fair.

I confirm the information given on this enrolment form is true and correct including the living/home address for in-zone students.

I/we accept the above conditions and parent approvals of enrolment for

Signed:

Name:

Date:

**Thank you for your efforts completing the enrolment form. Please look at the checklist provided to ensure you have everything required to complete the enrolment process when you meet with the principal.**

## Checklist for Parents

### If born in New Zealand or Australia:

- School Enrolment Form ☐
- Proof of in zone enrolment (new families) ☐
- Birth Certificate of Passport ☐
- Immunisation Certificate (if available) ☐
- Court Order (if applicable) ☐
- Cyber Safety Agreements ☐

### If NOT born in New Zealand:

- School Enrolment Form ☐
- Proof of in zone enrolment ☐
- Passports – yours & your child's ☐
- Student Visa on your child's passport ☐
- Work permit on your passport  
or  
Residency Permit ☐
- Child's Birth Certificate ☐
- Immunisation Certificate (if available) ☐
- Cyber Safety Agreements ☐